



VA Recommendations to the

ASSET AND INFRASTRUCTURE REVIEW COMMISSION

March 2022

Appendix G
Veteran Listening Session Report



Market Area Health Systems Optimization Veteran Listening Session Report

August 20, 2021



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Executive Summary

The Department of Veterans Affairs (VA) operates the largest integrated health care system in the country. The VA health care system has served Veterans for decades by providing high-quality health care to its enrollees, training most practicing physicians in the country, spurring innovation and medical discoveries, and serving as a backstop for the U.S. health care system. Since the establishment of the VA health care system, trends in health care and population health management have significantly shifted, impacting the delivery of health care and demand for specialized services. These trends are also prominent within the VA health care system and Veteran population.

To meet the evolving needs of Veterans, the VA MISSION Act of 2018 established the market assessment process to inform and support an Asset and Infrastructure Review (AIR) Commission aligned with the goals of increasing Veteran access to care and improving Veteran outcomes well into the future. An important component of this process is adapting VA's health care infrastructure to provide care closer to where Veterans live and in line with their preferences.

As part of the market assessment process, VA hosted public virtual listening sessions to hear from Veterans and other stakeholders on how to design a health care system of the future and grow services for Veterans in a way that reinforces VA's role as a leader in the U.S. health care system. VA conducted 56 Veteran Listening Sessions between March 2021 and June 2021. The 56 sessions included four national sessions that occurred during evening hours in different time zones across the country, as well as a national session that was held in Spanish. The 56 sessions were joined by 3,360 attendees that included Veterans, caregivers, VA staff, congressional staff, states' Departments of Veterans Affairs, and members of the community. Overall, there were 6,683 poll responses received and 3,028 comments captured via chat, email, and verbally.

Each Veterans Integrated Service Network (VISN) held two or more sessions, capturing all VA medical center coverage areas to ensure the maximum number of Veterans had the opportunity to participate. VA listened to Veterans who brought diverse perspectives and experiences to the sessions. While the sessions were focused on how Veterans want to access health care, the listening session data also provided insights into how Veterans believe VA is supporting their health care needs, as well as other recurring themes that Veterans considered impactful to their health care. In addition to the 56 listening sessions, in August 2020, VA conducted collaboration sessions with national Veterans Service Organization (VSO) leaders to learn more about their and their members' experiences with VA health care and what they would like their VA health care to look like in the future.

Veterans in the listening sessions were passionate, engaged, and invested in ensuring they have a voice at the table regarding their health care and their future care experience. Some listening session participants also expressed their appreciation for the sessions and the opportunity to share their perspective. Their feedback provided insights that VA has the opportunity to address throughout the implementation of market assessment and modernization efforts. Areas of significant feedback are:

- **Veteran Experience** – Based on the feedback shared, a main barrier to a more inclusive experience is outdated facilities that were designed for a mostly male population in and around World War II. While a number of facilities have been renovated or replaced, many Veterans still receive care at these facilities whose design and construction are from a different era and that could be improved in order to best serve the current Veteran population. Many Veterans shared feedback surrounding the care experience they would expect whether inside or outside of VA.

Veterans shared a variety of needs including: more family bathrooms, bathrooms specifically for women Veterans, patient gowns designed specifically for women, and facility signage that makes locating appointments easier.

- **Access** – Access to care from VA and through the Community Care Network was a frequent topic. Veterans expressed a desire for community care to be offered proactively, for the option to seek care closer to where they work, and for all care associated with one appointment to be covered through community care in one referral. Veterans were overwhelmingly focused on access to outpatient care which includes primary care, mental health, and specialty care services. Only 2% of the comments received focused on inpatient services (i.e., inpatient surgical or medical services and inpatient mental health). Veterans emphasized wanting to receive care closer to home and having expanded access to outpatient services repeatedly throughout the listening sessions.
- **Communication** – Many Veterans expressed the desire for better communication from VA. Some Veterans feel that if they do not advocate for themselves, they will not receive a phone call back, secure an appointment, or obtain a referral or approval for care in the community. It was expressed that these issues could be fixed with more communication.

The Veteran Vision for VA Health Care gathered during the listening sessions is driven by a desire for more transparency in the appointment process, improvement to the continuity of care, change in the way VA communicates with Veterans throughout the care experience, and access to more timely care. As described throughout this report, Veterans are generally pleased with the care they receive at VA. As a result, the Veteran Vision for VA Health Care is also informed by positive experiences Veterans shared about VA health care.

The report and all listening session comments will be reviewed by the market assessment team and provided to VA's Secretary, the AIR Commission, the President, and Congress to ensure recommendations approved by Congress reflect Veterans' feedback. The market assessments are intended to design high-performing integrated networks of care across the country. The networks will consist of a more flexible platform that can provide high-quality, readily accessible, cost-effective care through the Veterans Health Administration (VHA) and leverage the best of care provided by federal partners, academic affiliates, and other private sector providers.

With a focus on designing high-performing networks, the market assessments may not directly address many operational initiatives that were raised by Veterans. However, the operational initiatives may be impacted by the broader AIR Commission recommendations. Through the listening sessions, VA has an opportunity to hear Veterans' voices and make improvements outside of the market assessments and implementation of recommendations. Those areas of improvement should focus on Veteran experience (having appropriate restrooms and accommodations for families and people with disabilities), community care (improving billing processes, improving care coordination, and proactively offering appointments in the community), appointment scheduling (using a more personalized approach), access (considering expanding clinic hours, expanding services available at community-based outpatient clinics, and utilizing the Veteran's work address to calculate distance from VA care), and response time (reviewing policies and process regarding required response times when Veterans contact VA).

Introduction

VA operates the largest integrated health care system in the country. The VA health care system has served Veterans for decades by providing high-quality health care to its enrollees, training most practicing physicians in the country, spurring innovation and medical discoveries, and serving as a backstop for the U.S. health care system. Since the establishment of the VA health care system, trends in health care and population health management have significantly shifted, impacting the delivery of health care and demand for specialized services. These trends are also prominent within the VA health care system and Veteran population.

To meet the evolving needs of Veterans, the VA MISSION Act of 2018 established the market assessment process to inform and support the AIR Commission aligned with the goals of increasing Veteran access to care and improving Veteran outcomes well into the future. An important component of this process is adapting VA's health care infrastructure to provide care closer to where Veterans live and in line with their preferences.

As part of the market assessment process, VA hosted public virtual listening sessions to hear from Veterans and other stakeholders on how to design a health care system of the future and grow services for Veterans in a way that reinforces VA's role as a leader in the U.S. health care system. The sessions engaged Veterans across the country to better understand:

- How Veterans want care to be delivered in the future
- Veteran perception of the quality of health care at VA and within VA's Community Care Network
- Veteran experience with the ability to get care at VA and within VA's Community Care Network
- Veteran satisfaction with the condition and location of VA's facilities
- VA's role in research, education, and emergency preparedness

These 56 sessions were conducted between March 2021 and June 2021 with at least two sessions in each VISN capturing all VA medical center coverage areas. VA listened to Veterans who brought diverse perspectives and experiences to the sessions. During the listening sessions, Veterans were overall satisfied with VA, but discussed wanting to receive care closer to home and have expanded access to outpatient services. In addition, Veterans provided insights and opportunities to strengthen VA services related to communication, access to care, Veteran experience, barriers to care, care coordination, and community care.

This report also includes data from other VA surveys, along with data captured from Veterans Service Organization surveys that were conducted independently.

Methodology

Veteran Listening Sessions

VA conducted 56 sessions between March 2021 and June 2021. The 56 sessions were joined by 3,360 attendees that included Veterans, caregivers, VA staff, congressional staff, states' Departments of Veterans Affairs, and members of the community. Overall, there were 6,683 poll responses received and 3,028 comments captured via chat, email, and verbally. Four of the sessions were held in the evening to

Grand Total

56

Sessions

3,360

Attendees

3,028

Comments

6,683

Poll Responses



provide an opportunity for Veterans not available during the day to attend. One session was held in Spanish to allow those who prefer speaking Spanish to fully participate, particularly community members, family members, and caregivers.

Each listening session consisted of a short overview of VA's market assessment project followed by a series of questions asking the participants to share their thoughts and experiences. The questions were designed to spur comments that would relate to access, quality, facilities, and mission. The questions were divided into poll questions the participants could answer through Webex and discussion questions the moderator asked verbally. The poll questions allowed VA to gain insights and maintain engagement from participants who may not be able or desire to speak during the calls. Questions asked by the VA moderator during each session were answered by participants speaking verbally during the call, placing feedback in the chat function of the Webex, or sending feedback to VHAMAQs@va.gov either during the call or up to two weeks after the last scheduled session. Participants were not bound by the questions; rather, moderators encouraged participants to share any and all feedback that they believed was important for VA to hear.

Veteran Listening Session Data Analysis

During each session, comments (compliments, criticisms, and suggestions) were transcribed verbatim from the speaker. Polls and chat data were captured through Webex software and exported, and emails were manually pulled from the VHAMAQs@va.gov inbox dedicated to listening session feedback. Data was reviewed and comments not related to VA were not included in the analysis. Python, a software program, was used to parse the data into attributes. Each comment was associated with a common topic such as community care or communications, and further associated with either one of the six Section 203 decision criteria¹ or a broad service line category such as inpatient or outpatient care. After 1,000 comments were manually labeled and verified for accuracy, a comment labeling process was automated using an algorithm. At a high level, this model learned the vocabulary of words associated with each label, then classified the remaining comments according to the label vocabularies.

Limitations of Veteran Listening Sessions

The results could not be analyzed to determine statistically significant findings because the sessions were open to the public. The feedback collected during the sessions represents individual stakeholders' experiences accessing VA health care and was consistent across listening sessions, which demonstrated commonalities among Veterans' and stakeholders' experiences. VA reviewed other surveys described below and confirmed the commonalities across multiple feedback mechanisms within and outside of VA.

Other Veteran Surveys

This report examines Veteran opinions and data from surveys conducted outside of the Veteran Listening Sessions. These surveys helped to affirm the findings of the listening sessions. Insights from the survey data are included throughout the Veteran Vision for VA Health Care section.

Survey of Veteran Enrollees' Health and Use of Health Care (VA Survey of Enrollees)

VA annually conducts its [Survey of Veteran Enrollees' Health and Use of Health Care](#) (Survey of Enrollees). For the 2019 survey, 43,904 Veterans completed the survey, and VA weighted the data to

¹ The President signed the VA MISSION Act into law in June 2018. Section 203 of the MISSION Act requires VA to develop criteria to be used by the Secretary to make recommendations for the realignment or modernization of VHA facilities to the AIR Commission established by the law. The final criteria are demand, access, impact on mission, quality, cost effectiveness, and sustainability.

represent the enrollee population of 8,704,243 (p. xii). Vietnam War era Veterans comprise the largest service-era component, making up 37.3% of the enrollee population. Almost one in five enrollees served in Operation Enduring Freedom, Operation Iraqi Freedom, or Operation New Dawn (p. xiii).

VA Customer Profile and Veterans Signals Survey

VA Customer Profile and Veterans Signals (VSignals) was designed to transform the experience that Veterans have when they interact with VA. As part of a deliberate strategy to leverage customer experience data to empower exemplary VA customer service, VSignals gives Veterans the option to provide feedback in real time. The VSignals platform gathers feedback from Veterans, eligible dependents, caregivers, and survivors. It then provides that feedback to VA leaders for process improvement while sending the feedback directly to the point of interaction to enable resolution.

To date, VSignals has sent out over 15 million surveys and received 3 million total responses. Most Veterans receive a VSignals survey after their appointment at a medical center or clinic.

For this report, VSignals Veteran feedback received from January 2021 through June 2021 was reviewed.

Veterans of Foreign Wars (VFW) Our Care 2019 Survey

VFW conducted its [Our Care 2019 survey](#) and published the report as part of its Our Care series of surveys that have been conducted since 2014 (p. 3). 6,902 Veterans responded to the survey, and 96% reported eligibility for VA care (p. 4).

Wounded Warrior Project (WWP)

WWP annually conducts [a survey of WWP program participants](#), whom they refer to as warriors, on a range of issues related to physical and mental well-being and financial wellness. For the 2019 annual survey, 35,908 warriors responded (p. i).

Iraq and Afghanistan Veterans of America (IAVA)

IAVA annually conducts [a survey of its members](#) that covers a wide range of topics. According to the report on the 2020 survey, 1,705 members completed the survey (p. 68). The survey results indicated that 84% of IAVA members were enrolled in VA health care and 53% used VA as their primary source for health care (p. 33).

Additional Perspective

Veterans Service Organization Collaboration Sessions

On August 20 and 21, 2020, VA held virtual collaboration sessions with national VSO representatives. A portion of the sessions was focused on gathering feedback on VA health care and on the draft Section 203 decision criteria. VHA leadership shared with VSO representatives an overview of market assessments and asked representatives 11 questions covering six categories regarding their and their members' experiences with VA health care and perspectives on its future. VSO attendees included: The American Legion, American Veterans (AMVETS), Disabled American Veterans (DAV), Enlisted Reserve Association of the National Guard of the United States (EANGUS), The Independence Fund, Iraq & Afghanistan Veterans of America, Military Officers Association of America (MOAA), Paralyzed Veterans of America (PVA), Student Veterans of America, TREA: The Enlisted Association, Veterans of Foreign Wars, VetsFirst, Vietnam Veterans of America (VVA), and Wounded Warrior Project.

Feedback from these sessions is referenced in the Veteran Vision for VA Health Care section.

Veteran Vision for VA Health Care

Veterans in the listening sessions were passionate, engaged, and invested in ensuring they have a voice at the table for their care and their future care experience. During the Veteran Listening Sessions, participants did not hesitate to share what they feel is working, what they believe needs more attention, and how they envision VA health care in the future. The feedback and data gathered from Veterans and stakeholders was primarily driven by a few main priorities: access and barriers, Veteran experience, and communication.

Overall, Veterans indicated they are satisfied with the care they receive at VA facilities and believe it is comparable to care in the private sector. Veterans were overwhelmingly focused on access to

"I want to state upfront that my experience with the [VA] has been as good and in some respects better than what received at purely civilian centers. The focus from the people at both centers can clearly be seen to be on the patient and not the money from the patient."

outpatient care which includes primary care, mental health, and specialty care services. Only 2% of the comments received focused on inpatient services (i.e., inpatient surgical or medical services and inpatient mental health). Veterans emphasized wanting to receive care closer to home and having expanded access to outpatient services repeatedly throughout the listening sessions. 68% of poll participants reported being satisfied with their ability to get care from VA. Many Veterans repeatedly praised the care and attention that they receive from their VA providers during appointments, with 76% of poll participants being satisfied with the quality of health care services and providers at VA facilities. Across VISNs, Veterans generally noted improvements in VAs over time.

71% of poll participants believed that VA has a broader role in the community aside from providing health care. Participants spoke of

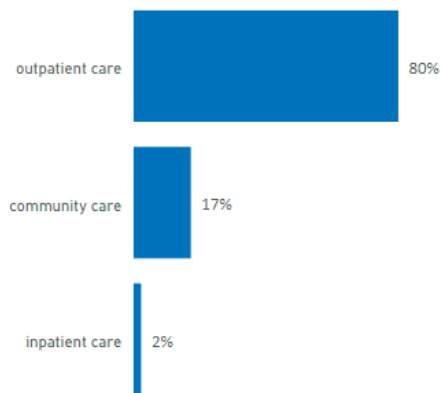
VA's role in the community as addressing homelessness, training physicians, and continuing to do research. Few Veterans spoke of VA's role in the community in terms of disaster response or serving non-Veterans such as COVID relief or other similar activities. Some Veterans feel that while VA has positive programs for Veterans, VA needs to do more in the community to address Veteran homelessness. A number of Veterans are proud that VA trains the majority of America's health care providers at some point during their career and feel that VA should do more to promote this fact to help reduce negativity that can surround VA in the news.

Veteran Vision Themes

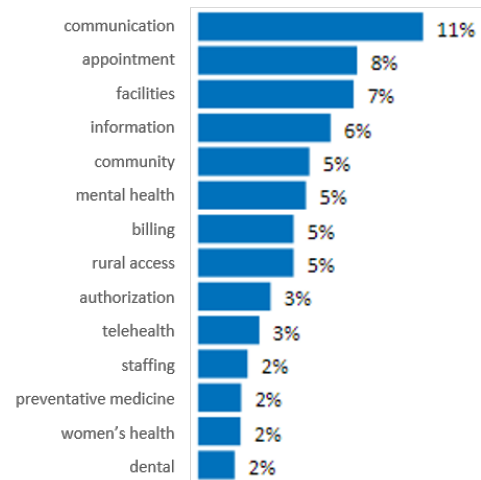
The feedback Veterans shared was on a wide variety of topics. The comments were further analyzed and grouped by six main themes that emerged:

- Communication
- Access to care
- Veteran experience
- Barriers to care
- Care coordination
- Community care

Comments by Service Type



Comments by Topic



The following sections contain detailed information, quotes, and data that VA should consider not only in market assessments, but during long-range strategic planning towards improving care for Veterans.

Communication

Communication was the most frequently discussed topic throughout the listening sessions, comprising 11% of the comments. Many Veterans shared feedback about communications to and from VA. Many of the comments focused on a desire for VA to be more proactive in using personalized communications that keep the Veteran informed of appointment changes, turnover in clinical staff, or other changes that impact the Veteran's ability to get care. Some Veterans feel that communication must improve on all levels, encompassing VA's communication with Veterans, VA's communication with community providers, and VA's programs to educate Veterans on the benefits VA offers. Many Veterans are pleased with the ability to communicate with providers and refill prescriptions through MyHealthVet.

Call Centers – Veterans often expressed concerns about their ability to communicate with VA providers via telephone. These Veterans

"The call center for making appointments are very frustrating being on hold for long periods of time."

believe improvements are needed to VA call centers and processes for tracking and responding to telephone messages. Many Veterans cited long wait times, complicated pathways to navigate through the system, and frustration that there is not a single number to call for all needs. Some Veterans are also frustrated by phone directories that change often. Finally, a number of Veterans expressed that even when they do get through on the phone, they experience significant delays in receiving callbacks.

Technical Support – Many Veterans would prefer to use the online and mobile phone application technology that VA has made available but expressed that they need more education about the

"The biggest single problem I encounter is getting someone to answer the phone at the VA."

"It's hard to have needs met when phones aren't answered."

"The messaging system. A lot of this is a success story. If I send in a message to my primary care provider... getting a response inside the same day... It is absolutely a step in the right direction..."

platforms that are available and how to use them. It was also requested that VA offer in-person technical support that Veterans could consult while they are onsite receiving care.

VA-Furnished Hardware – Several Veterans who are VA staff expressed that while VA was able to effectively leverage technology to provide health care to Veterans generally, their own VA-issued devices had specific restrictions that prevented them from accessing VA services.

Eligibility – Some Veterans feel that VA messaging around health care eligibility is confusing and they are often given conflicting messages. Many Veterans mentioned not knowing that they were eligible for care, often paying out of pocket for services that would have been covered. Veterans expressed an interest in VA taking a more active role in educating Veterans and the community about eligibility, including partnering with community organizations. This relates to findings in the VA Survey of Enrollees about respondents' reasons for not utilizing VA health services; specifically, 36.8% of respondents reported that they need information on eligibility for VA services and 15.9% indicated a perceived ineligibility to receive the needed service at VA.²

Access to Care

Veterans described a variety of topics that limit their access to VA care. Appointment scheduling was a source of frustration shared by numerous Veterans in comments covering scheduling through post-appointment procedures. Many Veterans also recommended opportunities for VA to expand its care services and suggested preferred types of facilities.

Appointments – Eight percent of Veteran Listening Session comments were related to appointment issues, representing one of the most frequently discussed topics during the listening sessions. Many Veterans are frustrated by the lack of appointment availability and coordination at VA.

- **Scheduling** – Many Veterans believe the scheduling process is cumbersome, lacking in communication, and in need of overhaul if VA wants to keep Veterans coming back to VA for health care. Some Veterans are upset by frequent appointment cancellations, which can increase their wait times for appointments.
- **Online Scheduling** – Many Veterans experience inconsistencies with online scheduling. Veterans often find that only certain appointment types are available online, which limits Veterans' desire to use the online scheduling tool. Some Veterans are also frustrated by experiences scheduling appointments online only to find that the appointment type cannot be scheduled online, the appointment is canceled without notice, and/or that a provider is not available. These issues added more time between when the Veteran first tried to schedule the appointment and when the Veteran was able to be seen.
- **Staff Availability** – Staff availability was frequently cited as a reason why a Veteran was unable to schedule an appointment, had an appointment canceled the same day, or was seen by a

"Scheduling remains a problem. Coordination between departments, and staff is totally confusing. Call backs may or may not occur."

² https://www.va.gov/HEALTHPOLICYPLANNING/SOE2019/2019_Enrollee_Data_Findings_Report-March_2020_508_Compliant.pdf

different provider than anticipated. A number of Veterans feel that VA needs to strengthen recruitment and retention efforts to ensure facilities are fully and consistently staffed.

Facilities – Seven percent of Veteran Listening Session comments were related to facilities. Some Veterans requested facilities that better serve the needs of specific groups. This includes the addition of more women’s clinics and more facilities for aging Veterans, including long-term care facilities. It was also requested that VA provide accommodations for caregivers who travel long distances to accompany Veterans for procedures requiring more than one day of care at a VA facility. Some VSOs expressed in the collaboration sessions that a Veteran’s preference for receiving care at VA or in the community should be a consideration in where care is provided.³

Rurality – Five percent of Veteran Listening Session comments were related to rural access. Numerous rural Veterans were vocal throughout the listening sessions and in the data collected. Many rural Veterans expressed that they do not have consistent access to adequate transportation options and are often unable to get care in the community close to where they live. Frustration was also conveyed regarding appointment times that continue to change, sometimes even after a Veteran has begun travel to an appointment. Some rural Veterans stated that VA did not assist them in planning multiple appointments at one facility during the same day.

Expanded Services

- **Dental** – Some Veterans desire expanded services in dental, including greater access to dental clinics, more experienced doctors, and greater availability of dental appointments.
- **Women’s Health** – A number of Veterans feel that there are not enough services available specifically for women, including housing and job training. Some VSOs would like to ensure that there is availability of women’s health services at VA and that VA is planning to meet the needs of women Veterans in the future.⁴
- **Dermatology** – Dermatology was referenced throughout conversations as a specialty in which it is difficult to obtain appointments.
- **Other Services** – Interest was expressed in expanding urgent care, caregiver programs, access to evening and weekend clinics, social engagement, and the Whole Health program. Some Veterans feel that VA needs to increase homeless services and create innovative programs to keep Veterans in their homes longer as they age.

“Why are all complementary and integrative services listed by headquarters not available? Tired of pills and medical interventions that don’t really work.”

Telehealth – During the COVID-19 pandemic, VA leveraged technology to provide services to Veterans through telehealth and videoconferencing. A number of Veterans would like the ability to utilize this technology moving forward for care that does not require an in-person visit. Some rural Veterans feel that telehealth reduces the number of barriers they experience and enables them to receive care more often. Although many Veterans have embraced telehealth, some Veterans would prefer not to use telemedicine for mental health. Those Veterans feel that virtual mental health care is not as effective as

³ 2020 Veterans Service Organization Collaboration Sessions hosted by the VHA Chief Strategy Office

⁴ 2020 Veterans Service Organization Collaboration Sessions hosted by the VHA Chief Strategy Office



care received face-to-face, and many Veterans shared frustration that in-person mental health care has not resumed since the COVID-19 pandemic began.

- **Broadband** – Some Veterans feel that VA should be part of the discussion in the United States to equip rural areas with broadband. Certain Veterans believe that broadband access in rural areas would help increase access to care for Veterans living in those locations. Lack of broadband coverage was also discussed by some VSOs in the collaboration sessions.⁵ VA has numerous programs and partnerships with private sector entities and VSOs in place to expand opportunities for Veterans to access and utilize telehealth.

“One of the things noticed during the pandemic is the extent in which we’ve been using either video or telephone appointments. Really opened my eyes to the things that can be done, that I simply never have considered before as able to be done. For instance, ... I recently participated in a physical therapy event that was enormously helpful to me and was entirely done over video. [I would] like to see that sort of infrastructure extended and strengthened.”

In the Veterans’ Own Words

“I do really like the telehealth appointments. I don’t have to take time off work because they are usually follow ups and take about 10 min.”

“The most difficult part with VA Care is the lack of consistency in being approved for some of the programs or support services like the I-Pad as the COVID-19 has caused many to participate in Virtual Supports Groups and their personal electronics may not support the Virtual VA Programs. We need to try to be on the same page to qualify for the criteria to get support... I would like to see improvement in this area.”

“I am concerned about the availability of face-to-face appointments for counseling. At this point in time, only online/phone appointments are available, and I have not had good connections for any of my appointments. If PCPs and other providers are available for face-to-face appointments, why does the VA not allow these for counselors?” –VSignals

“VA medical care is great. The only negative is getting appointments in a timely manner.” –VSignals

“...The advocacy I have had to do for myself as a woman, a female Veteran, is outrageous... Seeing a specialist, I have spent over \$1,000 relying on civilian healthcare because the VA did not come through on women’s healthcare or primary care. Has it gotten better, yes? Through my own advocacy.”

Veteran Experience

While Veteran Listening Session participants were generally pleased with the quality of their care overall, there were several areas recommended for improvement. Throughout the listening sessions, many Veterans and stakeholders expressed concerns regarding a variety of issues related to their experience, including patient advocates, personalized care, mental health, women’s health, clinical staffing, inclusivity, facility design, and consistency of care across facilities.

⁵ 2020 Veterans Service Organization Collaboration Sessions hosted by the VHA Chief Strategy Office



Patient Advocates – While some Veterans stated they are pleased with their patient advocates, others were either unfamiliar with patient advocates or commented that patient advocates are not always available and that their services should be improved. It was also recommended that patient advocates not be associated directly with a particular medical center or facility to ensure their accountability and transparency.

Personalized Care – Some Veterans described feeling as if their providers are working through a checklist instead of listening to them and their individual needs. Other Veterans reported that providers do not look at them during visits because providers are busy documenting each piece of the conversation into the computer. In addition, Veterans discussed concerns that their medical records were incomplete and did not include all of their conditions.

"The initial person, who may have been a nurse..., did not introduce himself and was a bit surly and he did his steps of taking blood pressure and what not. When I went on to the primary care physician for the 30 minutes, he dictated questions and answers to the computer and, for the entire visit never looked at me or touched me, he spent 30 minutes on the computer and that was the end result."

Mental Health Care – Many listening session participants were especially concerned about mental health care at VA. While there was praise for mental health care received, numerous Veterans shared

"I use mental health services on a regular basis ... the new mental health building ... and what's really impressive is that when ... you check in, one side is for mental health services and the other is dedicated for people with diagnoses. I gotta hand it to the [VA] for really focusing on Vets with that condition."

stories of negative experiences. Some Veterans also shared stories of loved ones who reached out to VA during mental health crises and were turned away due to lack of appointment availability. A number of Veterans described concerns regarding their ability to access services on a consistent basis due to inadequate numbers of mental health staff. In addition, some Veterans described opportunities to improve mental health service by expanding access to peer-to-peer support, leveraging family and marriage therapists, and providing calming waiting areas for Veterans with anxiety and other mental health concerns.

In the WWP survey, the top reasons Veterans stated for not receiving mental health care at VA were as follows:

- 32.2% felt that treatment might bring up painful or traumatic memories that they wish to avoid
- 31.8% stated inconsistent treatment or lapses in treatment
- 29.4% felt uncomfortable with existing resources within the Department of Defense or VA
- 28.5% experienced difficulty in scheduling appointments⁶

Women's Health – Some Veterans stated that women's privacy at VA hospitals is an area of concern and requested that VA create a more inclusive and equitable environment for women Veterans, including restrooms, patient care areas, and beds for overnight stays. One Veteran described a need for more private entrances to women's health clinics.

⁶ <https://www.woundedwarriorproject.org/media/gvvp3ns1/2019-annual-warrior-survey.pdf>

Clinical Staffing – Some Veterans are frustrated by the provider turnover rate in primary care and expressed that having to start new provider relationships impacts their care. Several Veterans believe that the lack of retention and open positions is the reason why they experience long wait times and last-minute appointment cancellations. It was recommended that VA streamline the hiring process to ensure all departments and clinics are fully staffed to offer adequate availability for patients. Some Veterans are concerned about the ratio of primary care providers to Veterans and suggested that VA reevaluate primary care team sizes to ensure timely access to care. In addition, some VSOs recommended that VA consider further opportunities for resource-sharing and partnership when appropriate.⁷

Inclusivity – Some Veterans expressed a need for a more inclusive environment for all Veterans, including the LGBTQ community. Many Veterans feel it is important for VA to recognize that Veteran populations are changing, and some Veterans want a more welcoming environment for all Veterans. Several Veterans expressed concerns about transgender Veterans not having access to needed services.

“I would like to see VA make a more concerted effort to create an environment in their facilities that is friendly and welcoming to women and LGBTQ+ Veterans.”

Facility Design – Some Veterans would like facilities to be more accessible and easier to understand. A number of Veterans described confusing experiences trying to locate offices and understand the numbering of buildings and were frustrated by a lack of signage to make the experience easier. Some Veterans suggested adding features that are inclusive of people with disabilities, including visual impairment and hearing loss. Patient privacy was also cited as an issue, with several Veterans suggesting that check-in and checkout areas be better designed so that information and questions are kept confidential and not heard throughout the waiting room. Finally, while some Veterans spoke highly of their VA facility, many Veterans expressed that VA facilities look and feel old and require upgrades to better serve Veterans. According to the VFW Our Care 2019 Survey, 54.63% of Veterans have noticed an improvement at their local VA health care facility, 26.43% reported they hadn’t noticed an improvement but feel improvements are needed, and 18.94% did not notice improvements but don’t feel improvements are needed.⁸

Consistency of Care Across Facilities – Some Veterans suggested that VA should address inconsistencies in availability of services and programs across facilities. A number of Veterans expressed that it is challenging to have to remember which facilities can provide which types of services. Overall, some Veterans would like to see more consistency in how VA care is administered across the country.

“My experiences with providers at the VA have been very inconsistent. The quality of care received has been dependent on the individual provider, ranging from awful to great.”

In the Veterans’ Own Words

“On some of the inpatient units, female Veterans have to go to a different floor to use the shower. Sometimes a bathroom is accessible by two single patient rooms, in that case females don’t have access literally to a working toilet and there is a commode placed at their bedside instead.”

⁷ 2020 Veterans Service Organization Collaboration Sessions hosted by the VHA Chief Strategy Office

⁸ <https://vfworg-cdn.azureedge.net/-/media/VFWSite/Files/Advocacy/VFW-Our-Care-2019.pdf?%09la=en&v=1&d=20191008T212119Z>



“The consequences of [gender inequality] is largely seen [in] your health and quality of life outcomes for women Veterans. While it is changing, progress is painfully slow.” –WWP

“Specifically, my dad was put on a feeding tube because he was having difficulty swallowing. They were recommending a test to see if the vocal cord was paralyzed, which it was, but it would take well over a week or two because they had to complete paperwork to get the needed items for the test, a serum I believe. I was told by a doctor who worked at both the VA and another hospital that most hospitals stock this item and this situation was ridiculous.”

“We try to use automation to improve everything, we need the personal touch; make eye contact with the patient, touch the patient/ We need the staff that is able to follow up with that. I see some providers that see one patient after another, and they never have the opportunity to have a personal connection.”

“I have also heard specific concerns from women Veterans about experiences of sexual harassment when they attend mental health/substance abuse groups.”

Barriers to Care

Veterans shared barriers they encounter throughout the care experience. Comments in this area primarily expressed frustration with travel distance and transportation options.

Distance – Many Veterans mentioned the distance they must drive for VA care and stated that they are often inconvenienced when they have to drive between multiple facilities for care they could receive at one facility. Some Veterans are concerned that services have been discontinued at their local VA medical centers, forcing them to travel longer distances to other VA facilities. In rural areas especially, many Veterans feel that VA should expand telehealth services.

Transportation – A number of Veterans described inadequate transportation as a barrier to accessing care, especially for older Veterans, and asked that VA expand transportation options to include ride-sharing apps. Many Veterans also believe VA should improve parking, including adding more handicapped spaces, and enhance shuttle services to support Veterans accessing care at local VA medical centers. In addition, several Veterans expressed concerns with travel reimbursement, including the length of time for reimbursement and the amount of paperwork required if a kiosk is not available.

“As someone who suffered an injury that takes me out of the ability to drive now... Nowadays we have ridesharing [apps]... VA was antiquated when it came to that sort of thing and didn’t recognize it as a viable solution to getting to the VA.”

In the Veterans’ Own Words

“I am a senior Veteran and am going mad with travel... I feel uncomfortable driving. I drove to [location] yesterday and was lost on the roads for hours.”

“[VA needs to] improve access especially for rural Veterans but also for Veterans who live in underserved, low income communities that have access problems because they [don’t] have transportation.”

“Considering I work closer to VA and have gone there for years, I continue to. But just to get blood tests or a shot, it would be very convenient to just go within 5 miles of where I live.”

Care Coordination

Many Veterans expressed that VA should better integrate care for Veterans who seek care at multiple VA facilities. Some Veterans described frustration with the number of steps needed to make a single

appointment, especially when a referral is required. A number of Veterans described challenges coordinating prescriptions or medical issues between different providers or would like increased interoperability of their medical records between VA facilities, community providers, and Department of Defense providers. Some Veterans requested that VA help coordinate appointments for Veterans who require multiple appointments in the same timeframe, as opposed to treating each appointment as a separate piece of the process.

In the Veterans' Own Words

"People working in the system are well meaning but the system is cumbersome, tired, confusing, and can easily discourage Vets as well as workers."

"I think VA should make it easier to transition services between locations and allow doctors to view the same information regardless of where your primary center is."

"Service would be much better if we could schedule appointments at times that are best for the individual, instead of at the time the VA selects. There is no coordination between the different departments, and at times we cannot have two different appointments."

Community Care

During the listening sessions, Veterans shared mixed feedback regarding their experiences with the community care program. The feedback ranged from positive to negative and oftentimes combined satisfaction and frustration. This is reflected in the poll results, with 57% of poll participants being satisfied with their ability to get care through VA's Community Care Network and 68% being satisfied with the quality of health services and providers through VA's Community Care Network. Veterans shared that they would like to receive care closer to home and be able to access care that meets their needs. Some Veterans suggested that community care be proactively offered to Veterans who live far from VA facilities or face delays in accessing services at VA.

"If the required care or that desired by the Veteran is not available conveniently and in a timely manner for the Veteran from a VA treatment facility, the Veteran should be referred to a community provider preferred by the Veteran or by the VA"

It is important to note that Veterans expressed concerns and frustration regarding the Veterans Choice Program that were included in this section. Comments regarding the Veterans Choice Program, the Community Care Network, and community care were considered together and are not differentiated in this report.

Feedback on community care gathered during the listening sessions aligns with findings from the VA Survey of Enrollees, in which VA health care users provided the following reasons for using health care outside of VA:

- 63.5% indicated they have a provider they really like and trust
- 45% reported that appointments are available at more convenient times
- 42.3% indicated better quality care
- 34.2% indicated they utilized VA care in the community when they required immediate attention and could not get an appointment at VA
- 22.8% reported a prior VA experience they were dissatisfied with⁹

⁹ <https://iava.org/survey2020/IAVA-2020-Member-Survey.pdf>

Similarly, IAVA members indicated the following top three reasons to use non-VA providers as a primary source of care: a non-VA provider is more convenient, non-VA providers offer a higher quality of care, and/or the Veteran feels more comfortable with a non-VA provider.

To improve community care, some VSOs recommended strengthened integration with the community; timely, appropriate referrals to the community; ensuring community providers share VA's commitment to quality; and leveraging VA's existing partnerships with the Department of Defense as an example.¹⁰

"I have used community care for some services over the last year and I have had no issues with gaining access to or utilizing the services"

Care Coordination – Many Veterans described challenges navigating between VA and community care. For example, Veterans may need to call VA repeatedly to ensure they have community care authorizations and to receive lab results. Other concerns Veterans expressed include challenges with timely payments to providers and the need for help coordinating care and payment. As mentioned in the Care Coordination section above, some Veterans believe VA should improve information-sharing with community providers, including access to VA medical records. Many Veterans expressed that community care is often confusing and they are uncertain about the care for which they qualify.

Referrals and Timeliness – Some Veterans described difficulty accessing timely appointments through the Community Care Network. A number of Veterans are also frustrated with community care referrals, including inadequate communication on referral status and inability to schedule appointments promptly. Some Veterans expressed that the multiple steps involved in community care referrals impact the timeliness of when they are able to receive care. In addition, some Veterans feel that community care lacks enough providers in the network, leaving Veterans facing difficulty when trying to access care in the community.

Billing – Numerous Veterans described concerns regarding timely payments to community providers and experiences receiving bills for services directly from those providers. Some Veterans are concerned that if these challenges continue, community providers will likely stop accepting Veterans, which would impact Veterans' ability to access providers closer to home. A number of Veterans believe this situation could be improved by strengthening coordination between VA and community providers, including training community providers on billing to ensure Veterans do not receive bills from them.

In the Veterans' Own Words

"I see an outside provider and I have to get approval every 6 months. It seems like there is no communication between VA and outside providers."

"Records need to be computerized and centralized, so all facilities have access."

"If I go through community care, the odds are probably 7 to 8 out of 10 that I'm going to end up getting the bill that I have to deal with the VA. ... As you can imagine, this is something that goes on a credit report and you have to have the time to negotiate with the VA to get it paid. It is a big hassle."

¹⁰ 2020 Veterans Service Organization Collaboration Sessions hosted by the VHA Chief Strategy Office

Moving Forward

The Veteran Vision for VA Health Care gathered during the listening sessions recognizes many positive experiences with VA health care and specific components of VA health care that could be continued into the future, including the ability for Veterans and providers to communicate through a secure messaging application, the option for Veterans to receive care through telehealth, and VA's continued provision of quality care for Veterans. The Veteran Vision for VA Health Care is also driven by a desire for more transparency in the appointment process, improvement to the continuity of care, change in the way VA communicates with Veterans throughout the care experience, and access to more timely care. As described throughout this report, Veterans are generally pleased with the care they receive at VA.

The report and all listening session comments will be reviewed by the market assessment team and provided to VA's Secretary, the AIR Commission, the President, and Congress to ensure recommendations approved by Congress reflect Veterans' feedback. The market assessments are intended to design high-performing integrated networks of care across the country. The networks will consist of a more flexible platform that can provide high-quality, readily accessible, cost-effective care through VA and leverage the best of care provided by federal partners, academic affiliates, and other private sector providers.

However, the market assessments may not directly or in the near-term impact many operational initiatives that were raised by Veterans. Through the listening sessions, VA has an opportunity to hear Veterans' voices and make improvements outside of the market assessments and implementation of recommendations. Those areas of improvement should focus on Veteran experience, community care, appointment scheduling, expanding and improving access, and communication.

- **Veteran Experience**
 - Consider adding changing tables to provide Veterans and families of Veterans with young children a safe and clean space to change their children
 - Consider adding family restrooms in facilities whenever possible
 - Consider assessing the use of handicap spaces to ensure each facility has enough handicap spaces
- **Community Care**
 - Consider evaluating the community provider onboarding process to identify gaps in understanding of VA billing requirements for providers caring for Veterans
 - Consider evaluating ways to more seamlessly provide and manage care for Veterans who receive care in the community, including diagnostic tests and prescriptions requested by the community provider
 - Consider exploring the option for VA to proactively offer community care to Veterans who meet the requirements as opposed to requiring Veterans to go through the approval process
- **Appointment Scheduling**
 - Consider applying a more personalized approach to appointment cancellations, rescheduling, and appointment reminders



- **Expanding and Improving Access**
 - Consider expanding care appointment availability for nights and weekends to provide increased access for working Veterans
 - Consider expanding services available at community-based outpatient clinics to reduce travel time for Veterans and reduce potential need for community care
 - Consider exploring the option to incorporate a Veteran's work address into care location determination to provide the Veteran more opportunity for care with fewer days of missed work
- **Communication**
 - Consider reviewing policies and processes regarding required response times in the following situations:
 - Provider response to a Veteran message in Secure Messaging
 - Scheduler response to a Veteran who has requested an appointment
 - Provider response to a Veteran who has left a message via voicemail
 - Call center response to a Veteran who requires a callback
 - VA staff response to a Veteran who has requested care in the community



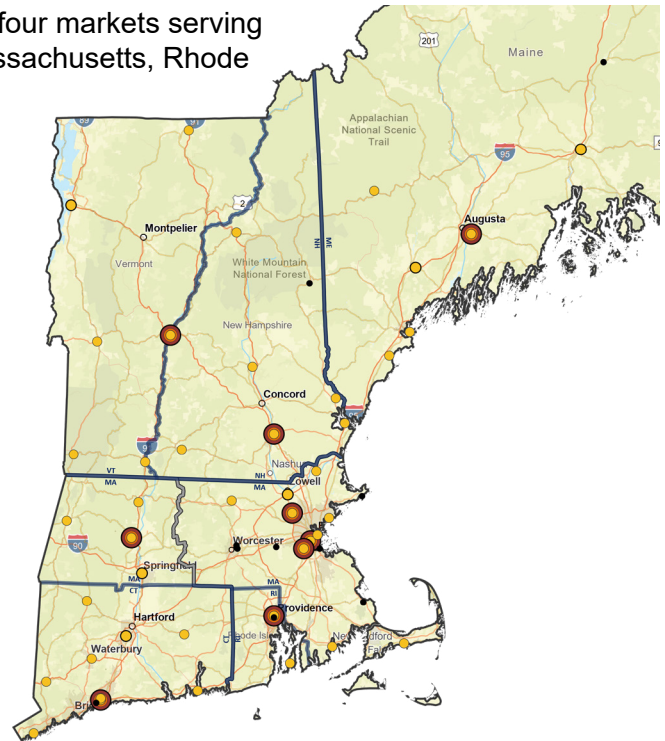
Appendix A: Local Veteran Listening Sessions Results

VISN 1: Listening Session Feedback

VISN 1 consists of 10 VA medical centers (VAMCs) across four markets serving Veterans throughout Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, and Connecticut.

VA Medical Centers by Market:

- **East Market**
 - » Bedford VAMC
 - » Brockton VAMC
 - » Jamaica Plain VAMC
 - » Providence VAMC
 - » West Roxbury VAMC
- **Far North Market**
 - » Togus VAMC
- **North Market**
 - » White River Junction VAMC
 - » Manchester VAMC
- **West Market**
 - » Central Western Massachusetts VAMC
 - » West New Haven VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

340,943

Enrollees (FY29):

294,756

* Uniques (FY19):

237,798

CBOCs:

53

Women Veteran Enrollees (FY19):

6.7%

Veteran Enrollees 65 and older (FY19):

54.9%

Rurality:

23.6%




Enrollees within 30 min of VA Primary Care (FY18):

81.1%

Enrollees within 60 min of VA Secondary Care (FY18):

80.3%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total Participants		199
Chat Comments		50
Comments		45

“One of the things I’ve noticed, during the pandemic, is the extent in which we’ve been using either VA Video Connect or telephone appointments. It’s really opened my eyes to the things that can be done, that I simply never have considered before as able to be doneI’d like to see that sort of infrastructure extended and strengthened.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

- A few Veterans expressed frustration regarding using the call centers for scheduling appointments.

Access to Care

Overall, Veterans had positive experiences at VA medical facilities and believed that the care they received at VA was comparable or better than the private sector. Participants expressed that VA is the backbone of the U.S. health care system and emphasized the importance of VA's teaching mission.

"VA provides healthcare services that I have come to rely on, and I appreciate it very much."

- **Expanded Services:** Several Veterans expressed that they would like greater access to dental services and radiology .
- **Telehealth:** Veterans expressed that they are happy with how VA has been able to leverage technology to provide services to Veterans through telehealth, including phone calls, visits, and videoconferencing. Veterans would like VA to further strengthen its infrastructure to expand telehealth capabilities.

Veteran Experience

- **Mental Health:** A few Veterans noted that VA is a leader in PTSD and military sexual trauma treatment, and Veterans shared that the private sector could learn from VA in those areas.
- **Inclusivity:** Veterans expressed that they would like VA to create a more welcoming environment especially in the reception area and cafeteria. Some Veterans discussed that VA facilities could be more inclusive of women Veterans stating that some facilities have shared bathrooms and showers with other patients and pajamas are not designed for women Veterans.
- **Consistency of Care Between Facilities:** Some Veterans expressed that they would like VA medical facilities to have better interoperability to allow them the flexibility to receive care through multiple VA facilities and expand shared services capabilities.

"I think there's an education mission for the VA for some of the critical issues today. For example, education about PTSD, people have tended in the past to associate PTSD with combat or with the military....but it's broader than the military. The VA could have a major role in education about PTSD"

Barriers to Care

- **Distance:** Many Veterans face long travel times to receive care at VA facilities and would like to be able to access care closer to home.
- **Transportation:** A few Veterans discussed having challenges with parking at their local VA facilities and explained having issues with travel pay.
- **Specialty care and services:** Some Veterans discussed difficulty accessing specialty care services through VA, which often delays care. A few Veterans described that the required process to order durable medical equipment is often cumbersome, which can delay access to critical equipment.

Care Coordination

A few Veterans spoke about improving continuity of care by strengthening partnerships that would allow Veterans to see providers who see patients at VA hospitals and also be able to see Veterans at their private practice.

Community Care:

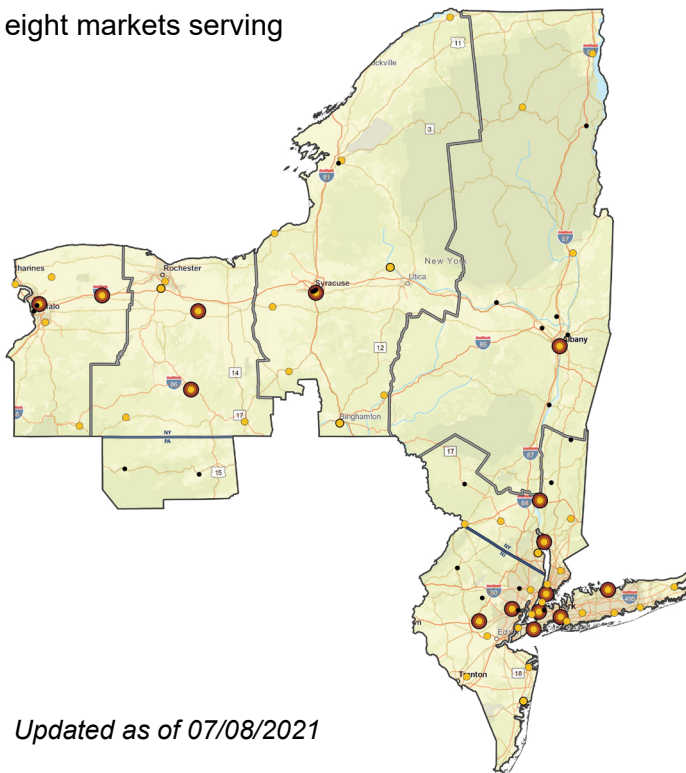
- **Referral and Timeliness:** A few Veterans raised questions regarding eligibility for community care and their ability to access community care services. Several Veterans expressed that they had to travel long distances to receive services.
- **Billing:** A few Veterans discussed challenges with community care including community providers not being paid in a timely manner.

VISN 2: Listening Session Feedback

VISN 2 consists of 15 VA medical centers (VAMCs) within eight markets serving Veterans in New York and New Jersey.

VA Medical Centers by Market:

- **Eastern Market**
 - » Albany VAMC
- **Central Market**
 - » Syracuse VAMC
- **Western Market**
 - » Batavia VAMC
 - » Buffalo VAMC
- **Finger Lakes**
 - » Canandaigua VAMC
 - » Bath VAMC
- **Long Island Market**
 - » Northport VAMC
- **New Jersey Market**
 - » East Orange VAMC
 - » Lyons VAMC
- **Metro New York Market**
 - » Bronx VAMC
 - » Brooklyn VAMC
 - » Castle Point VAMC
 - » Manhattan VAMC
 - » Montrose VAMC
 - » St. Albans VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

432,229

Enrollees (FY29):

343,964

* Uniques (FY19):

261,771

CBOCs:

74

Women Veteran Enrollees (FY19):

6.8%

Veteran Enrollees 65 and older (FY19):

55.4%

Rurality:

19.9%

Enrollees within 30 min of VA Primary Care (FY18):

90.4%

Enrollees within 60 min of VA Secondary Care (FY18):

81.0%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total
Participants

203

Chat Comments

259

Comments

60

“My concern is that, when appointments are cancelled by our doctors, we don’t get a call letting us know that the appointments are cancelled. I think that there should be some system in place to know that our appointments have been cancelled and we don’t just go up to the VA and find out when we go there that the appointment has been cancelled.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

Some Veterans spoke about communications challenges and the need for better communications between VA facilities to enhance coordination of care. Some Veterans expressed opportunities to better leverage technology to improve communication between Veterans and providers.

"I've been very happy with what I've been getting through the VA... However, I've also been able to take advantage of community care."

Access to Care

Overall, Veterans spoke positively about their experience at local VA medical centers. A few Veterans spoke about the variety of services VA provides, but Veterans expressed that at times it can be difficult to access needed services. A few Veterans stated that VA could streamline programs to ensure Veterans can access services in a timely manner including the elimination of referrals for specialty care.

- **Appointments:** Some Veterans suggested that the appointment system could be modernized to ensure appointments are not cancelled without notice and can identify correctly who cancelled the appointments.
- **Expanded Services:** A few Veterans noted they would like VA to expand services to include weekend and evening clinics to meet the needs of Veterans. Some Veterans also expressed that VA should expand high-quality dental services, whole health, and long-term services and facilities.

Veteran Experience

- **Women's Health:** Some Veterans noted that VA could expand and improve women's health clinics including having separate entrances and have more choices regarding providers.
- **Consistency of Care Between Facilities:** A few Veterans spoke about VA medical facilities needing to be more consistent across the VA health care system.

Barriers to Care

- **Distance:** Many Veterans face long travel times to receive care at VA facilities and would like to be able to access care closer to home.
- **Transportation:** A few Veterans discussed having challenges with parking at their local VA facilities and explained having issues with travel pay.
- **Specialty care and services:** Some Veterans discussed difficulty accessing specialty care services through VA, which often delays care. A few Veterans described that the required process to order durable medical equipment is often cumbersome, which can delay access to critical equipment.

Care Coordination

- **Distance:** Some Veterans often travel long distances for procedures and surgeries requiring overnight visits, and suggested that VA should provide facilities that would allow caregivers and family members to stay closer to Veterans.
- **Transportation:** Some Veterans stated that older Veterans may face barriers accessing VA services because of transportation issues, and VA should expand transportation services and improve parking at facilities. A few Veterans described challenges with travel reimbursement and suggested that VA needs to modernize travel reimbursement policies.

"It is at least a part time job trying to coordinate appointments ... the appointments are all over the place then I have to call back and try to coordinate this appointment with that appointment with this so we're not traipsing around back and forth constantly to the VA."

Community Care:

Some Veterans face difficulties accessing community care, particularly with specialty care consults. Veterans would like access to more providers that are closer to their homes.

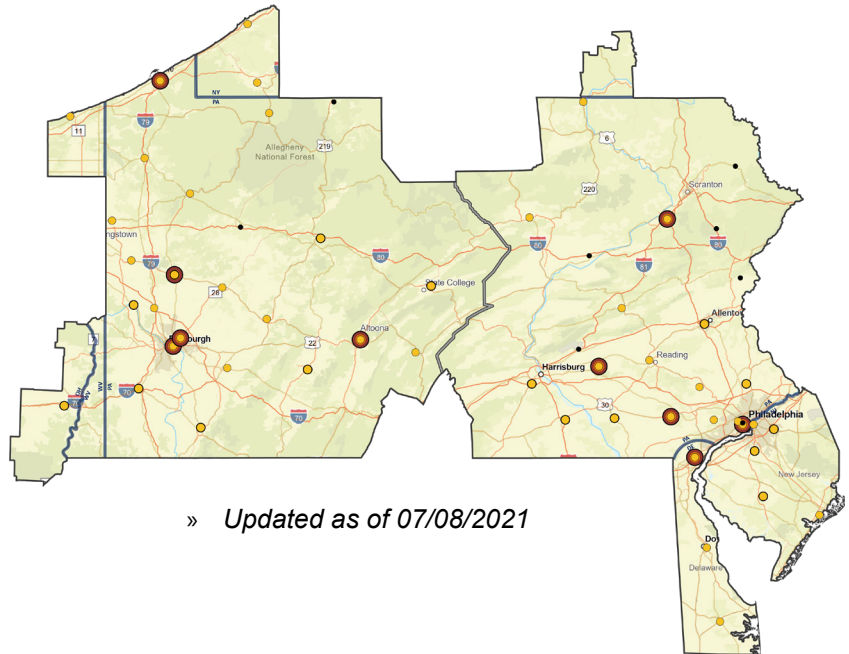
- **Referrals and Timeliness:** Veterans generally felt that community care is a great program, but also noted challenges related to authorization expiring before services are provided.
- **Billing:** Some Veterans spoke about ongoing billing issues they face when accessing community care. One spoke about their private insurance being billed and community providers collecting private insurance information.

VISN 4: Listening Session Feedback

VISN 4 consists of 10 VA medical centers (VAMCs) across two markets serving Veterans throughout Pennsylvania, Delaware, and New Jersey.

VA Medical Centers by Market:

- **Eastern Market**
 - » Coatesville VAMC
 - » Lebanon VAMC
 - » Philadelphia VAMC
 - » Wilkes-Barre VAMC
 - » Wilmington VAMC
- **Western Market**
 - » Altoona VAMC
 - » Butler VAMC
 - » Erie VAMC
 - » Pittsburgh-Univ. Dr. VAMC
 - » Pittsburgh Heinz VAMC



VISN Fast Facts:

Enrollees (FY19):

401,734

Enrollees (FY29):

352,372

* Uniques (FY19):

274,866

CBOCs:

49

Women Veteran Enrollees (FY19):

7.0%

Veteran Enrollees 65 and older (FY19):

55.8%

Rurality:

30.2%

Enrollees within 30 min of VA Primary Care (FY18):

84.3%

Enrollees within 60 min of VA Secondary Care (FY18):

73.6%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants

224

Chat Comments

81

Comments

27

"I live 35 miles away from the closest VA and when I get sick or something I don't have anyone to drive me there and I don't like to drive when I'm sick."

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

A few Veterans discussed challenges communicating with VA, including long wait times, receiving timely information, and improving customer service.

- Some Veterans suggested that VA could provide better, timely communication with Veterans including being more responsive when Veterans call for appointments or have questions.

"[To schedule appointments it would be] a lot easier [to] be able to actually get a hold of a person at the VA, when we make these calls, because I spend days on the phone trying to schedule appointments."

Access to Care

Overall, Veterans had positive feedback about their experiences at VA facilities and expressed opportunities to improve Veterans' experience and access to service.

- **Appointments:** Some Veterans expressed challenges scheduling appointments. A few Veterans were satisfied with the ability to schedule appointments online; however, some felt that the current system is not user-friendly.
- **Expanded Services:** Many Veterans would like to see VA add additional community-based outpatient clinics across the VISN to increase access to specialty care including dental care and diagnostic services.
- **Mental Health:** Several Veterans expressed challenges receiving mental health care services through VA and community care and would like VA to expand mental health services. Veterans are supportive of VA's suicide prevention and mental health programs including partnerships with community organizations.

Veteran Experience

"I think that some Vets that are experiencing anxiety that have a Behavioral Health appointment might benefit by having a slightly more private waiting area to lower their anxiety/anticipation."

- **Personalized Care:** A few Veterans expressed that care should be individualized to meet Veterans' needs. Veterans described care as being inconsistent and dependent on providers.
- **Inclusivity:** Some Veterans conveyed that VA should create a more welcoming and inclusive environment including potentially displaying artwork that highlights Veterans' contributions.
- **Facility Design:** Some Veterans described the need for private waiting areas for Veterans seeking mental health services.

Barriers to Care

- **Distance:** A few Veterans stated that they travel long distances to obtain care and would like to be able to receive care closer to home.
- **Transportation:** A few Veterans expressed that they did not always feel comfortable driving to VA facilities and did not have transportation to access services.

Community Care

- **Care Coordination:** Many Veterans described challenges going between VA and community care including having to follow up regarding community care authorizations and to receive lab results.
- **Referrals and Timeliness:** Some Veterans discussed difficulties accessing care in the community including not having enough Community Care providers in the network.
- **Billing:** Many Veterans expressed concerns regarding billing and reimbursement including receiving bills for services and providers not being paid in a timely manner.

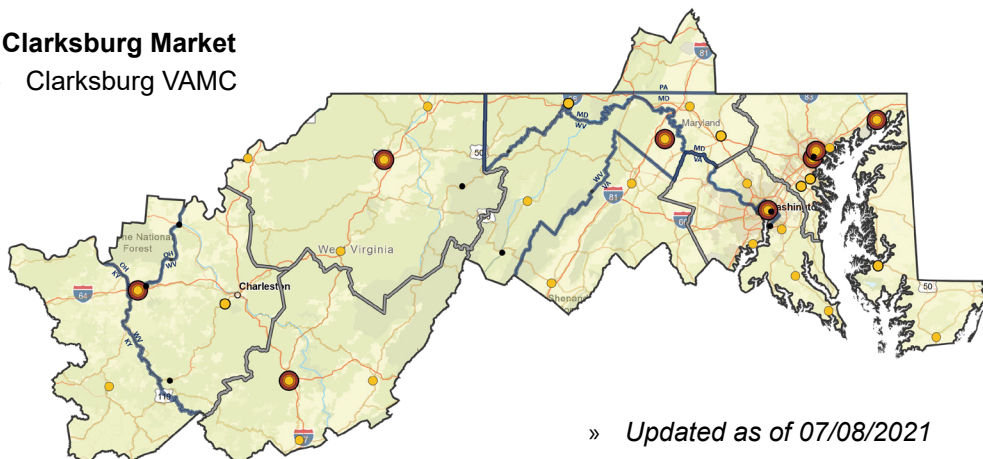
"The greatest challenge with community care is the bureaucracy of going back and forth through the VA to communicate and get permissions to see someone in the community."

VISN 5: Listening Session Feedback

VISN 5 consists of eight VA medical centers (VAMC) across six markets serving Veterans throughout Maryland, Washington DC, and West Virginia.

VA Medical Centers by Market:

- **Baltimore Market**
 - » Baltimore VAMC
 - » Perry Point VAMC
 - » Loch Raven VAMC
- **Martinsburg Market**
 - » Martinsburg VAMC
- **Washington Market**
 - » Washington VAMC
- **Huntington Market**
 - » Huntington VAMC
- **Beckley Market**
 - » Beckley VAMC
- **Clarksburg Market**
 - » Clarksburg VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

317,612

Enrollees (FY29):

313,049

* Uniques (FY19):

186,678

CBOCs:

33

Women Veteran Enrollees (FY19):

12.5%

Veteran Enrollees 65 and older (FY19):

40.4%

Rurality:

27.0%

Enrollees within 30 min of VA Primary Care (FY18):

76.1%

Enrollees within 60 min of VA Secondary Care (FY18):

81.7%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total Participants		114
Chat Comments		103
Comments		11

“I’m relatively new to the system. My experience has been 90% positive. Since I’ve joined, I’ve gone through two PCPs. Up until yesterday, I have been unable to contact my PCP online via message, but since then it seems to have been corrected. It took several phone calls.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

A few Veterans discussed challenges regarding communication with VA and not being able to receive appointments.

"I was very impressed with the vaccine. I'm 79 years old and got a text message about an appointment and quickly got a vaccination at the facility but in certain departments the service has been pitiful."

Access to Care

- **Facilities:** Some Veterans mentioned that VA medical facilities look and feel old and indicated that these facilities should be upgraded to better serve Veterans.
- **Expanded Services:** Overall, Veterans are satisfied with the care they receive from VA. A few Veterans mentioned they would like VA to enhance preventive and specialized services including overall wellness, reproductive health, diabetes management, long-term services, and dental care. Some Veterans mentioned concerns regarding VA's long-term care services and that they do not match demand. Some Veterans also said they believed there are gaps in care for homeless and women Veterans.

Veteran Experience

"Services are present but there is a lot of opportunity for growth and improvement, especially regarding the LGBTQ+ and BIPOC spaces."

- **Inclusivity:** Some Veterans discussed that VA should create a more inclusive environment for Veterans with dependents and the LGBTQ community including family restrooms to support Veterans who have young children.
- **Consistency of Care Between Facilities:** Some Veterans discussed that VA should be more equitable across facilities. Some Veterans described that VA health care facilities are not consistent including that types and quality of services vary significantly throughout the VA health care system.

Barriers to Care

- **Distance:** Veterans described long drive-times and long wait times as barriers to accessing services from VA.

Community Care

- **Timeliness and Referrals:** Some Veterans expressed concerns being able to receive timely care in the community and about the lack of community care providers in their areas.
- **Billing:** Veterans often face numerous challenges accessing community care including issues with provider reimbursement and billing Veterans' insurance providers. Veterans expressed concerns that if reimbursement challenges continue, community providers will likely stop accepting Veterans, which will impact their ability to access services.

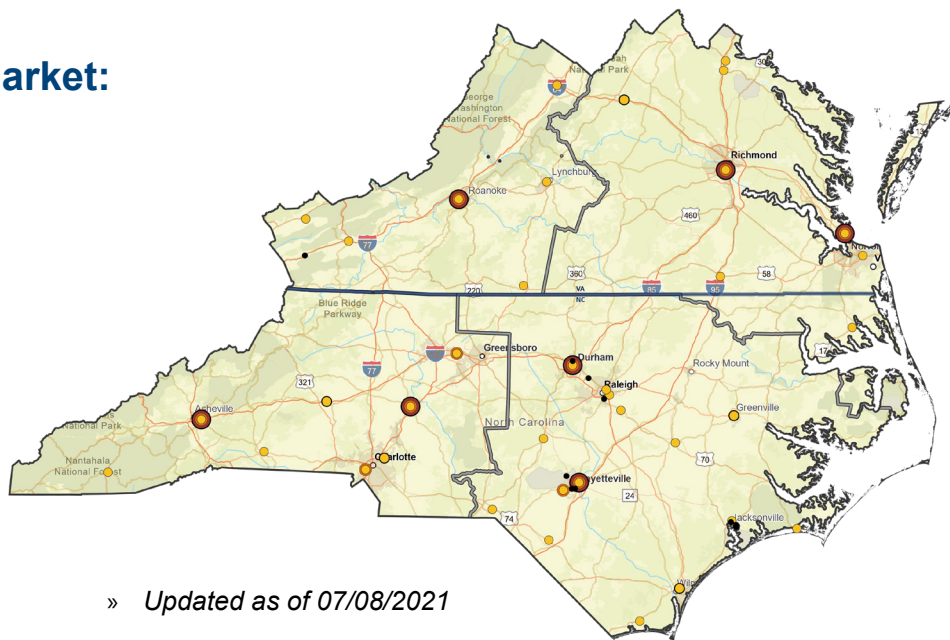
"I was referred out through the community care program for treatment, and I was told that the community care office would call within 5-7 days to set up that appointment. That call never came to this date."

VISN 6: Listening Session Feedback

VISN 6 consists of eight VA medical centers (VAMCs) across four markets serving Veterans throughout North Carolina and Virginia.

VA Medical Centers by Market:

- **Northeast Market**
 - » Hampton VAMC
 - » Richmond VAMC
- **Northwest Market**
 - » Salem VAMC
- **Southeast Market**
 - » Durham VAMC
 - » Fayetteville VAMC
- **Southwest Market**
 - » Asheville VAMC
 - » Salisbury VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

544,434

Enrollees (FY29):

597,164

* Uniques (FY19):

375,815

CBOCs:

44

Women Veteran Enrollees (FY19):

12.4%

Veteran Enrollees 65 and older (FY19):

41.0%

Rurality:

34.1%

Enrollees within 30 min of VA Primary Care (FY18):

70.7%

Enrollees within 60 min of VA Secondary Care (FY18):

74.8%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total Participants		264
Chat Comments		142
Comments		30

“The women’s health clinic is like an afterthought. They have two rooms to see patients. I don’t know if that is adequate, or they lost patients since it was so inadequate.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

Several Veterans expressed frustration regarding communications with VA and felt VA could improve communication at all levels including with Veterans and community providers.

- A few Veterans expressed that they would like VA to improve outreach to Veterans through Veteran townhalls, which would increase the dissemination of information and opportunities for VA to gain insight of Veterans' needs.

"In a rural area [it] is extremely important to get the accurate information out to the Veterans who utilize the VA. A lot of times the Veterans do not know all the resources available even if they use the VA."

Access to Care

Overall, Veterans are satisfied with VA care, but a few stated that they must be persistent and advocate for themselves to receive better access to services. Several Veterans stated they would like to be able to access care closer to their home.

- **Expanded Services:** Several Veterans stated that they would like VA to expand access to services including specialty women's care and preventative health care. In addition, a few Veterans discussed that expanding evening hours for mental health services would improve access, especially among Veterans living in rural areas.

Veteran Experience

- **Consistency of Care Between Facilities:** Veterans expressed frustration regarding the lack of consistency across VA facilities and indicated that they have often been misdirected when seeking certain services.
- **Facility Design:** Many Veterans discussed that parking at local VA facilities could be increased to ensure Veterans are able to get to their appointments. In addition, a few Veterans discussed concerns regarding patient privacy and suggested providing single patient rooms.

Barriers to Care

- **Transportation:** Veterans expressed frustration with the beneficiary travel payment system and that the process could be improved to reduce hardships on Veterans. Veterans suggested increasing transportation options.

Community Care

- **Care Coordination:** Some Veterans would like VA to improve care coordination with the community providers including improving communication between VA and community providers.
- **Referrals and Timeliness:** A few Veterans described challenges they face accessing community care, including timeliness of authorization and scheduling appointments.
- **Billing:** A few Veterans discussed issues with provider reimbursement and billing issues.

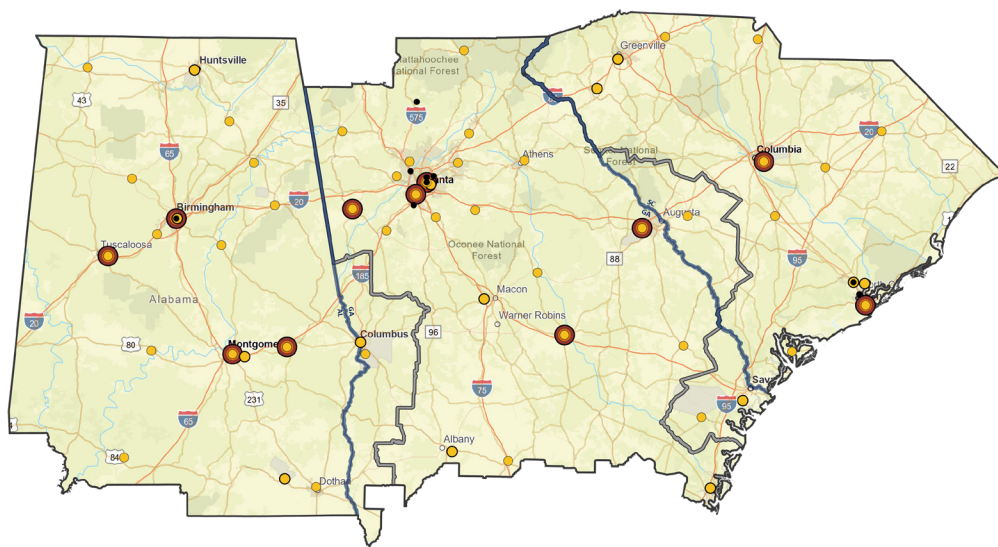
"It seems like there is no communication between VA and outside providers."

VISN 7: Listening Session Feedback

VISN 7 consists of 12 VA medical centers (VAMCs) across three markets serving Veterans throughout Alabama, Georgia, and South Carolina.

VA Medical Centers by Market:

- **Alabama Market**
 - » Birmingham VAMC
 - » Montgomery VAMC
 - » Tuscaloosa VAMC
 - » Tuskegee VAMC
- **Georgia Market**
 - » Augusta Uptown VAMC
 - » Augusta Downtown VAMC
 - » Atlanta VAMC
 - » Carrollton VAMC
 - » Dublin VAMC
 - » Fort McPherson VAMC
- **South Carolina Market**
 - » Charleston VAMC
 - » Columbia VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

633,011

Enrollees (FY29):

699,898

* Uniques (FY19):

442,354

CBOCs:

67

Women Veteran Enrollees (FY19):

12.4%

Veteran Enrollees 65 and older (FY19):

41.0%

Rurality:

32.9%

Enrollees within 30 min of VA Primary Care (FY18):

75.8%

Enrollees within 60 min of VA Secondary Care (FY18):

57.9%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total
Participants

119

Chat Comments

70

Comments

67

“Overall, my care has been good since I’ve starting using VA. There have, however, been some doctors who have not really listened to me.... I feel that if the doctors had listened to me, I could have gotten better, quicker or possibly not developed other complications.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

A few Veterans discussed challenges communicating with VA providers. In addition, some Veterans discussed opportunities for VA to better leverage technology including modernizing its online services such as online payment services and ensuring that updates in one system are made throughout all VA systems.

"[To schedule appointments it would be] a lot easier [to] be able to actually get a hold of a person at the VA, when we make these calls, because I spend days on the phone trying to schedule appointments."

- **Eligibility:** Some Veterans would like increased outreach to ensure Veterans know about benefits and services available to them through VA and other organizations.

Access to Care

Overall, Veterans are satisfied with the care they receive from VA and VA's telehealth services. Many Veterans were pleased with the welcoming demeanor and professionalism of VA staff.

- **Expanded Services:** Some Veterans would like VA to expand services available for women Veterans including housing and job training.

Veteran Experience

- **Inclusivity:** Some Veterans discussed that they would like VA to create a more inclusive and welcoming environment including areas for Veterans' children.
- **Facility Design:** Some Veterans spoke about challenges getting to appointments at VA facilities and suggested that VA consider improving how facilities are designed and take into consideration Veterans who experience anxiety.
- **Consistency of Care Between Facilities:** Some Veterans expressed frustration trying to access services when moving from one state to another and using different VA medical facilities.

Barriers to Care

A few Veterans discussed that challenges with childcare and suggested VA should increase the availability of childcare while Veterans attend appointments to reduce potential barriers single parents may face.

Community Care

- **Care Coordination:** Some Veterans discussed challenges regarding the care coordination between VA and community providers and would like VA to better coordinate care, enhance case management, and increase sharing of medical records.
- **Referrals and Timeliness:** Some Veterans expressed confusion with accessing community care and challenges.
- **Billing:** A few Veterans expressed concerns regarding community care, including timeliness of payments to providers.

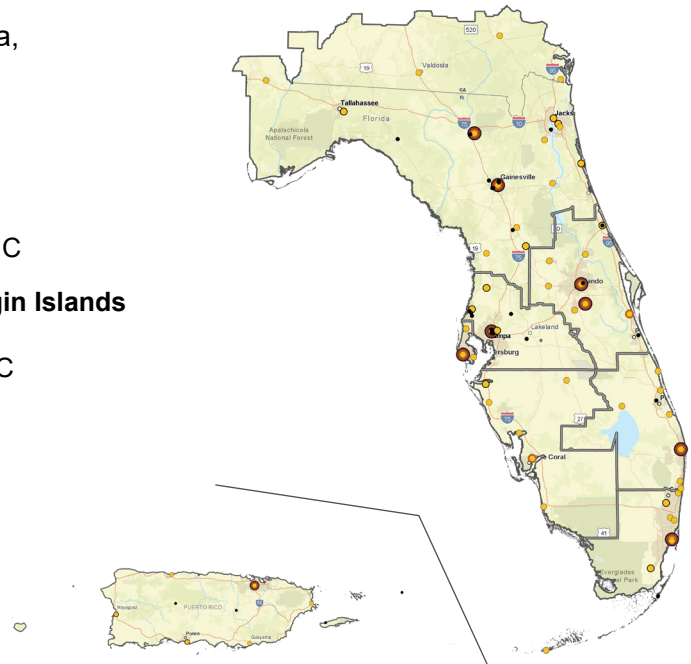
"If you're going between facilities or if with the VA, or it's a community care provider, you know, I have results right now that have not even been uploaded that were two months ago. Whereas if we had a liaison or a representative that could help with case management of outpatient procedures that are done outside of the VA, that would be much more beneficial."

VISN 8: Listening Session Feedback

VISN 8 consists of nine VA medical centers (VAMCs) across seven markets serving Veterans throughout Florida, Puerto Rico, and the Virgin Islands.

VA Medical Centers by Market:

- **Atlantic Market**
 - » West Palm Beach VAMC
- **North Market**
 - » Gainesville VAMC
 - » Lake City VAMC
- **Central Market**
 - » Tampa VAMC
- **Orlando Market**
 - » Orlando VAMC
 - » Lake Baldwin VAMC
- **Gulf Market**
 - » Bay Pines VAMC
- **Puerto Rico Virgin Islands Market**
 - » San Juan VAMC
- **Miami Market**
 - » Miami VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

741,263

Enrollees (FY29):

706,423

* Uniques (FY19):

557,770

CBOCs:

83

Women Veteran Enrollees (FY19):

8.9%

Veteran Enrollees 65 and older (FY19):

51.1%

Rurality:

12.4%

Enrollees within 30 min of VA Primary Care (FY18):

89.2%

Enrollees within 60 min of VA Secondary Care (FY18):

85.3%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants

200

Chat Comments

140

Comments

60

"I moved from the New Jersey system down to the West Palm Beach system and I had to re-enroll. If this is to be an integrate[d] system, I don't understand why I had to go through the re-enrollment. Another thing about that, getting the health care records from one system to another seemed to take a while."

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

- **Eligibility:** Some Veterans described that VA's messaging around health care eligibility is confusing, and that they are often told conflicting messages.

Access to Care

- **Appointments:** Some Veterans described issues with scheduling appointments including coordination among clinics and would like improvements to appointment reminders.
- **Expanded Services:** A few Veterans expressed that they would like VA to expand access to functional medicine and complementary therapies to improve Veterans' well-being. In addition, some Veterans expressed that they would like VA to expand dermatology and women's health capacity.
- **Telehealth:** A few Veterans expressed that telehealth services are complementary to in-person visits and provide additional access for Veterans with transportation issues.

"The text function, which sends an appointment reminder is helpful, but some clinics provide a report time that is different than the appointment in the electronic system, which results in confusion for Veterans as to when they are supposed to be at the clinic."

Barriers to Care

Some Veterans discussed challenges when ordering medications online including medications being sent to the wrong address and delays with refilling medicines. A few Veterans also had expressed barriers to having their prescriptions filled outside the VA health care system and expressed that they would like to be able to use a local pharmacy.

- **Transportation:** Some Veterans described that transportation is a barrier for accessing care and would like VA to expand transportation options including ride-sharing apps. A few Veterans also expressed concerns with travel reimbursement.

Care Coordination

A few Veterans expressed the need to improve the interoperability of VA's electronic health record to increase providers' access to Veterans' records at different facilities.

Veteran Experience

- **Patient Advocates:** Some Veterans discussed challenges with the patient advocates not always being available and believe that the patient advocacy services could be improved.
- **Personalized Care:** A few Veterans stated that they often felt that during their appointments providers are going through a checklist instead of trying to understand and address their health conditions.
- **Clinical Staffing:** Some Veterans stated that they wanted to be notified when their provider leaves the VA health care system.
- **Facility Design:** Some Veterans expressed challenges with facility designs and would like VA to implement innovative ways to help Veterans navigate VA facilities and get to their appointments.
- **Consistency of Care Between Facilities:** Several Veterans stated they would like to see increased continuity of services when moving from one facility to another facility, as well as between VA and community care providers.

Community Care

- **Referrals and Timeliness:** Some Veterans expressed frustration with community care referrals, including the lack of communication on referral status and prompt scheduling of appointments. Other Veterans shared that they would like VA to improve Veterans' awareness of available providers within the network and streamline the authorization process.

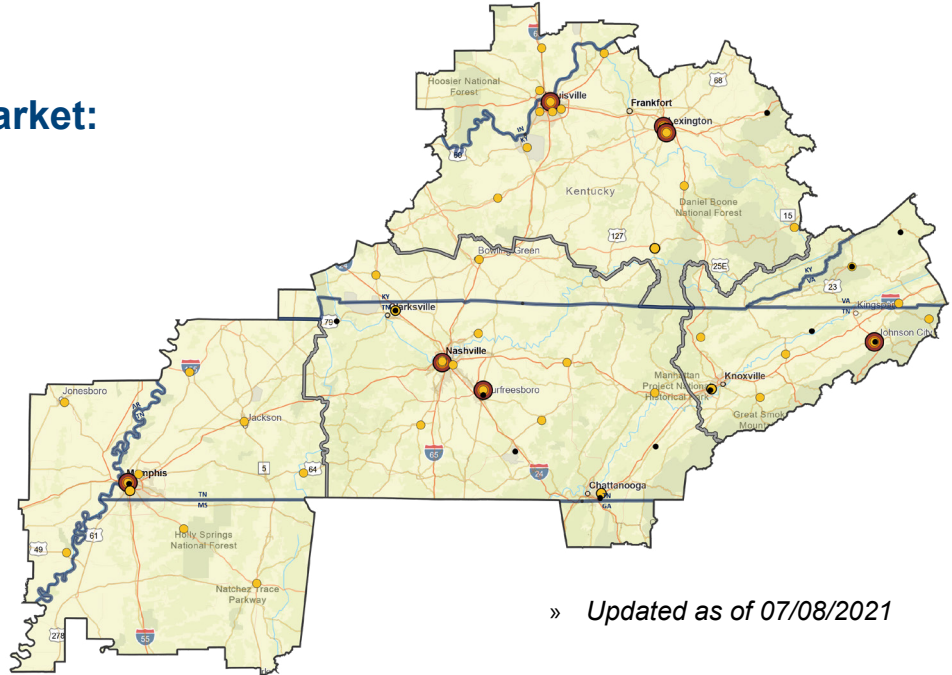
"The problem that I have with community care is that they don't consider the distance to care when there are closer [services], you have to ask for closer service. That doesn't make any sense since, they have my address on record and should use it when locating services."

VISN 9: Listening Session Feedback

VISN 9 consists of seven VA medical centers (VAMCs) across four markets serving Veterans throughout Tennessee and Kentucky.

VA Medical Centers by Market:

- **Central Market**
 - » Nashville VAMC
 - » Murfreesboro VAMC
- **Eastern Market**
 - » Mountain Home VAMC
- **Western Market**
 - » Memphis VAMC
- **Northern Market**
 - » Louisville VAMC
 - » Lexington-Leestown
 - » Lexington-Cooper VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

372,476

Enrollees (FY29):

385,352

* Uniques (FY19):

269,397

CBOCs:

57

Women Veteran Enrollees (FY19):

8.4%

Veteran Enrollees 65 and older (FY19):

47.1%

Rurality:

47.3%

Enrollees within 30 min of VA Primary Care (FY18):

70.6%

Enrollees within 60 min of VA Secondary Care (FY18):

54.0%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants



90

Chat Comments



64

Comments



62

“I am very happy with my medical provider in the VA and the treatment that I’m getting. The only thing that I would bring up is the challenges of getting an appointment that is timely.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

Some Veterans discussed that VA's communication should be more consistent to better coordinate Veterans' care. A few Veterans expressed that they would like increased communication and better customer service from VA providers and staff.

Access to Care

Overall, Veterans expressed satisfaction with improvements made over the past several years, and Veterans are pleased with the services they receive from VA.

- **Appointments:** Some Veterans expressed concerns about being able to have appointments scheduled in a timely manner. A few Veterans suggested that the appointment reminders should include information regarding the clinic and location.
- **Expanded Services:** Some Veterans stated that they would like VA to expand dental care, urgent care, the caregiver program, and the whole health program. Other Veterans discussed that VA should expand homeless services and create innovative programs to keep Veterans in their home longer as they age.

"I appreciate the notices you all send me about my appointment reminders, but one thing I noticed that's missing on there is where my appointment is located... I always end up having to stop in there and ask where I'm supposed to be, and that seems kind of crazy because this is my appointment, I should know where I'm going."

Veteran Experience

- **Consistency of Care Between Facilities:** A few Veterans discussed that they want VA services to be consistent across all VA medical facilities.
- **Inclusivity:** Some Veterans described that VA should create a more inclusive environment for women Veterans.

Care Coordination

Several Veterans discussed that they would like VA to better integrate care to serve Veterans who receive care at multiple VA facilities. A few Veterans highlighted the need for VA to be more consistent in documenting Veterans' conditions in their medical record.

Community Care

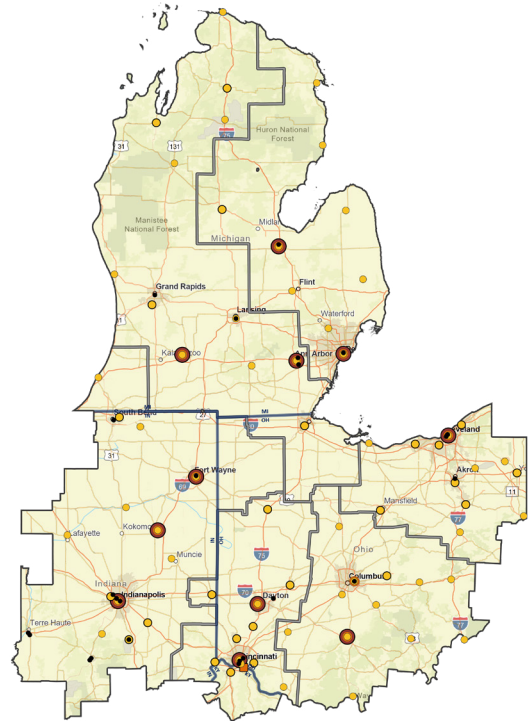
- **Care Coordination:** A few Veterans discussed that VA could increase information sharing with community providers including access to VA's medical records.
- **Timeliness and Referrals:** Some Veterans expressed difficulty accessing timely appointments through the Community Care Network.

VISN 10: Listening Session Feedback

VISN 10 consists of 10 VA medical centers (VAMCs) across six markets serving Veterans throughout the lower peninsula of Michigan, Ohio, Northern Kentucky, and Indiana.

VA Medical Centers by Market:

- **Central Ohio Market**
 - » Chillicothe VAMC
 - » Columbus HCC
- **Western Ohio Market**
 - » Cincinnati VAMC
 - » Dayton VAMC
- **Northeast Ohio Market**
 - » Cleveland VAMC
- **Indiana Market**
 - » Indianapolis VAMC
 - » Marion VAMC
 - » Ft. Wayne VAMC
- **MichErie Market**
 - » Ann Arbor VAMC
 - » Battle Creek VAMC
- **Eastern Michigan Market**
 - » Detroit VAMC
 - » Saginaw VAMC



VISN Fast Facts:

» Updated as of 07/08/2021

Enrollees (FY19):

667,736

Enrollees (FY29):

634,037

* Uniques (FY19):

478,984

CBOCs:

94

Women Veteran Enrollees (FY19):

7.1%

Veteran Enrollees 65 and older (FY19):

51.3%

Rurality:

33.2%




Enrollees within 30 min of VA Primary Care (FY18):

82.1%

Enrollees within 60 min of VA Secondary Care (FY18):

78.4%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total Participants		272
Chat Comments		146
Comments		98

“I use MyHealtheVet a lot to contact my doctors if I’m running out of medication and I don’t have it listed in my health... so I just wanted to compliment that system because I can send an email to my doctor and anywhere from 24-48 hours, I get an answer back from someone and I appreciate that system because I use it every week.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

Several Veterans expressed concerns regarding communication with VA including providers not responding in a timely manner and not being routed to the appropriate person.

- **VA-Furnished Hardware:** Some Veterans expressed challenges with VA-issued devices including some restrictions that prevented Veterans from accessing services.
- **Eligibility:** Some Veterans suggested that VA should increase awareness of services available to Veterans and build stronger partnerships with community organizations to further support Veterans.

Access to Care

Some Veterans also want to be able to access VA services closer to their homes including expanded evening and weekend clinics, and walk-in services. A few Veterans expressed concerns regarding discontinuation of services at local VA medical centers and having to travel longer distances to other VA facilities in the area.

- **Online scheduling:** Several Veterans discussed challenges scheduling appointments and suggested that VA develop flexible scheduling tools to allow Veterans to schedule appointments online.
- **Expanded Services:** Several Veterans would like VA to expand eligibility for dental care, increase access to mental health services, spinal cord injury long-term beds, and vision clinics, and expand availability of women's services.
- **Telehealth:** Some Veterans expressed overall satisfaction with VA's ability to effectively leverage technology to provide health care to Veterans.
 - **Broadband:** Veterans discussed the need for increased access to broadband in rural communities.

"I think the VA needs to be more flexible about providing appts... it is my belief that it is harder for Veterans that work to make the appts, schedule appts."

Barriers to Care

- **Transportation:** Several Veterans discussed transportation and parking issues and would like VA to expand parking and enhance shuttle services to support Veterans accessing care at local VA medical centers.

Care Coordination

- Some Veterans expressed that VA's current referral process should be streamlined to improve care coordination and ensure Veterans can receive all care necessary to address health conditions.
- A few Veterans discussed the need for VA to improve customer service and increase care coordination among departments and community providers.

Community Care

Some Veterans expressed that community care is difficult to navigate, and additional eligibility criteria should be considered to improve Veterans' access to care. A few Veterans suggested that VA improve transparency related to community care including updates to changes in the third-party administrator and associated continuity of care issues.

- **Care Coordination:** Some Veterans expressed the need for better coordination and continuity with community care including frustration related to being sent into the community and then being required to have certain tests done at VA.
- **Referrals and Timeliness:** Some Veterans spoke about experiencing long wait times to get approval to use community care.

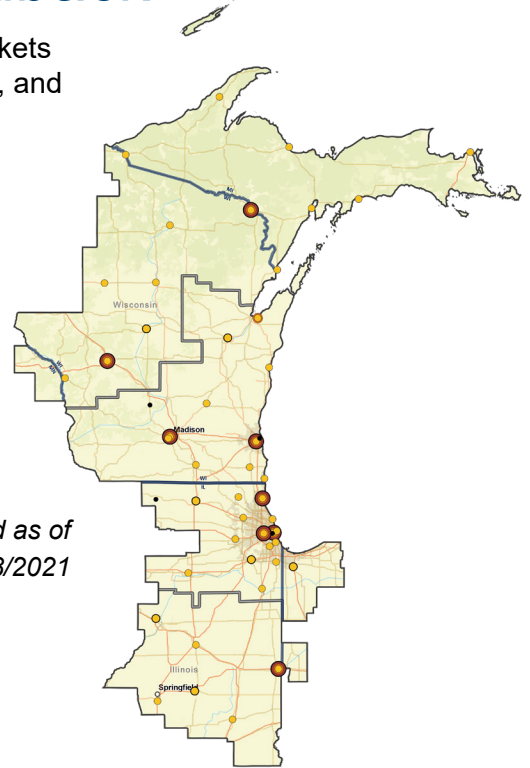
"I do believe there is some clarity needed when it comes to the Veterans Choice Program. It seems like it's an option but it either is not utilized or VHA staff try their best to avoid utilizing it."

VISN 12: Listening Session Feedback

VISN 12 consists of eight VA medical centers (VAMCs) across four markets serving Veterans in Illinois, the upper peninsula of Michigan, Wisconsin, and northwestern Indiana.

VA Medical Centers by Market:

- **Central Market**
 - » Madison VAMC
 - » Milwaukee VAMC
- **Central Illinois Market**
 - » Danville VAMC
- **Northern Market**
 - » Iron Mountain VAMC
 - » Tomah VAMC
- **Southern Market**
 - » Chicago-Jesse Brown VAMC
 - » Chicago-Hines VAMC
 - » North Chicago VAMC



» Updated as of
07/08/2021

VISN Fast Facts:

Enrollees (FY19):

369,608

Enrollees (FY29):

329,074

* Uniques (FY19):

260,808

CBOCs:

43

Women Veteran Enrollees (FY19):

7.3%

Veteran Enrollees 65 and older (FY19):

53.2%

Rurality:

28.5%

Enrollees within 30 min of VA Primary Care (FY18):

80.9%

Enrollees within 60 min of VA Secondary Care (FY18):

72.9%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants

149

Chat Comments

45

Comments

33

“One of the things that requires addressing is the authorization for community care. It is somewhat problematic in that, as Veterans, we receive bills for services and treatment where we have authorization. It becomes frustrating trying to figure out how to get those issues addressed, trying to connect with community care.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

Several Veterans discussed communication challenges with VA and would like VA to increase awareness of VA services by leveraging community organizations. In addition, a few Veterans would like for VA to increase awareness of Veterans groups and other opportunities to participate in Veteran forums.

- Several Veterans suggested one way to improve communication is for VA to include information on their website regarding activities for Veterans, changes to benefits, and availability of services.

"I'll be honest with you, I've had great care at my VA. Depending on who the provider is, it can be hit or miss. I am retired as well, and I choose to use VA."

Access to Care

Overall, Veterans are happy with the care they receive at VA medical facilities. A few Veterans discussed wanting to remain in their homes as they age and would like services that would increase their likelihood to remain in their home. Some Veterans would like VA to consider expanding activities to increase social engagement among Veterans including community gardens.

- **Expanded Services:** Several Veterans stated they would like VA to expand services including diagnostic testing and dental care, enhance walk-in services, and increase availability of evening and weekend clinics.

Veteran Experience

- **Facility Design:** A few Veterans discussed challenges navigating VA medical facilities and suggested enhancing signage.

"The only improvement I think could be made is more signage. There are a lot of winding hallways and there's not always enough signage to get me where I'm going without asking someone."

Community Care

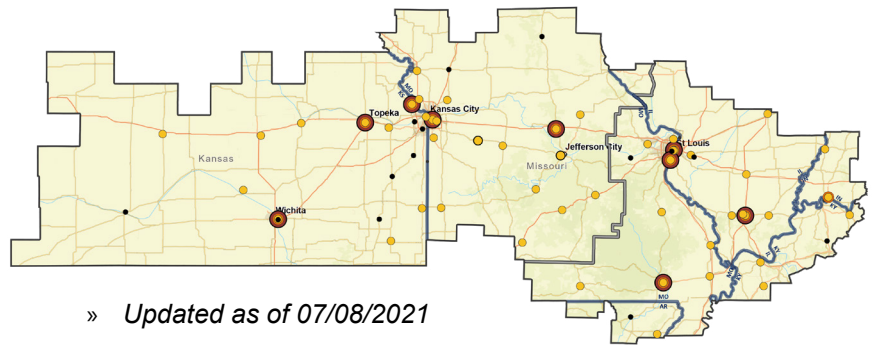
- **Referrals and Timeliness:** A few Veterans are satisfied with the new community care program and are able to receive community care appointments in a timely manner. However, some Veterans discussed challenges receiving referrals and timely appointments through community care.
- **Billing:** Some Veterans expressed concerns regarding community care billing including that community providers bill private insurance companies before billing VA. Also, a few Veterans expressed that they receive bills for services provided through community care, and that there is not a clear path to resolve billing issues.

VISN 15: Listening Session Feedback

VISN 15 consists of eight VA medical centers (VAMCs) across two markets. It mainly serves Veterans across Kansas, portions of Missouri, and southern Illinois.

VA Medical Centers by Market:

- **East Market**
 - » St. Louis-John Cochran VAMC
 - » St. Louis-Jefferson Barracks VAMC
 - » Popular Bluff VAMC
 - » Marion, IL VAMC
- **West Market**
 - » Wichita VAMC
 - » Topeka VAMC
 - » Leavenworth VAMC
 - » Kansas City VAMC
 - » Columbia VAMC



VISN Fast Facts:

Enrollees (FY19):

327,084

Enrollees (FY29):

311,167

* Uniques (FY19):

233,315

CBOCs:

66

Women Veteran Enrollees (FY19):

7.8%

Veteran Enrollees 65 and older (FY19):

50.3%

Rurality:

46.7%

Enrollees within 30 min of VA Primary Care (FY18):

76.4%

Enrollees within 60 min of VA Secondary Care (FY18):

71.1%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants

83

Chat Comments

56

Comments

37

“Overall, the VA has come a long way from when I started using [its] services, but there is still room for improvement.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

A few Veterans spoke about their ability to communicate with VA providers through the secure messaging feature of MyHealtheVet and their satisfaction with response time.

- **Appointments:** Some Veterans would like for provider and clinic information to be included in their appointment reminders. A few Veterans discussed challenges experiencing long-wait times for appointments and felt that VA could improve their ability to get appointments.
- **Eligibility:** Some Veterans would like VA to help educate the Veteran community about benefits that are available to them.

Access to Care

Overall, Veterans are satisfied with the care they receive at local VAMCs. Some Veterans discussed that VA physicians should be trained in Veteran-specific injuries and illnesses including trainings distributed by VA's War Related Illness and Injury Study Center.

- **Expanded Services:** Some Veterans would like VA to expand dental services, women's health services, and long-term services for spinal cord injury.
- **Telehealth:** A few Veterans discussed their ability to access care through telehealth and believe it has increased access to services.

"It would be nice to see increased used of telehealth for acute care. This would allow our providers to see more patients and decrease time required by the patient at the office."

Veteran Experience

- **Facility Design:** Some Veterans discussed that VA medical facilities are aging and should be updated to meet the green building certification.
- **Inclusivity:** Some Veterans discussed the need for VA to create a more inclusive environment for women Veterans.
- **Clinical Staffing:** A few Veterans described challenges with services due to staffing turnover and seeing multiple providers.

"As a female Veteran visiting CBOCs or hospitals, I'm often asked where my husband is rather than being assumed that I am a Veteran. That is a challenge.... It comes across as disrespectful."

Barriers to Care:

- **Transportation:** A few Veterans discussed transportation and had concerns regarding transportation to VA facilities. Some Veterans stated that they often face challenges with parking, and VA facilities should consider transportation services around VA medical campuses.

Community Care:

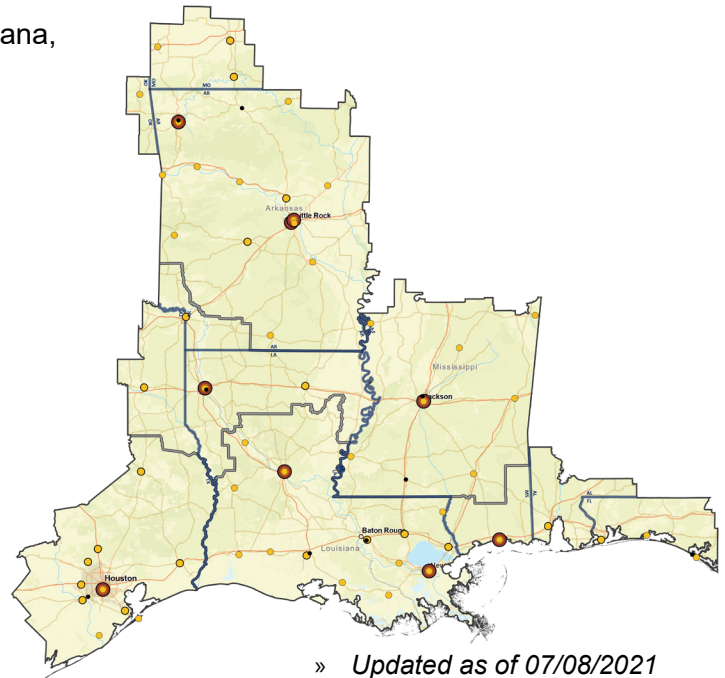
- **Referrals and Timeliness:** Some Veterans face delays in scheduling community care appointments and would like for their local VA medical centers to schedule appointments.
- **Billing:** A few Veterans stated that they often face significant issues with community care billing for community care and would like to see better coordination between VA and community providers related to billing. In addition, a few Veterans expressed concerns about emergency and ambulance services.

VISN 16: Listening Session Feedback

VISN 16 consists of eight VA medical centers (VAMCs) across three markets serving Veterans throughout Louisiana, Mississippi, Arkansas, and Texas.

VA Medical Centers by Market:

- **Central Market**
 - » Jackson VAMC
 - » Shreveport VAMC
- **Northern Market**
 - » Fayetteville, AR VAMC
 - » Little Rock VAMC
 - » North Little Rock VAMC
- **Southern Market**
 - » Alexandria VAMC
 - » Biloxi VAMC
 - » New Orleans VAMC
- **East Texas Market**
 - » Houston VAMC



VISN Fast Facts:

Enrollees (FY19):

424,810

Enrollees (FY29):

427,150

* Uniques (FY19):

301,356

CBOCs:

63

Women Veteran Enrollees (FY19):

9.8%

Veteran Enrollees 65 and older (FY19):

44.8%

Rurality:

35.4%

Enrollees within 30 min of VA Primary Care (FY18):

67.4%

Enrollees within 60 min of VA Secondary Care (FY18):

48.9%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total Participants		226
Chat Comments		101
Comments		58

“I regularly praise the VA healthcare system to friends and family and feel 100% confident that I am receiving the best care.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

Several Veterans discussed challenges communicating with VA and their providers. VA needs to improve communication between VA and Veterans.

"I would like to see a better communication with the VA and the Veterans."

Access to Care

- **Expanded Services:** Veterans would like VA to expand specialty services including dental services.
- **Telehealth:** Veterans like how VA has leveraged technology including the secure messenger and telehealth appointments.

Veteran Experience

- **Patient Advocate:** Some Veterans discussed challenges trying to reach the patient advocate and the limited authority patient advocates have to address Veterans' concerns.
- **Clinical Staffing:** A few Veterans mentioned that they would like VA to increase partnerships with local medical schools and develop programs to retain talented residents. Some Veterans expressed that they would like VA to expand behavioral health clinicians to meet Veterans' demands.

Barriers to Care

- **Transportation:** Some Veterans expressed that they experience long delays receiving travel reimbursements. Veterans often experience parking issues when seeking services at VA facilities.

Care Coordination:

Several Veterans discussed challenges with care coordination. One Veteran stated they would like VA to allow Veterans to seek services without consulting with their primary care provider.

Community Care

- **Care Coordination:** A few Veterans discussed challenges with care coordination and would like to see better communication between community providers and VA. Some Veterans suggested that VA could improve care coordination among community providers by sharing medical records. A few Veterans discussed challenges with community care related to the transition of the third-party administrators.
- **Referrals and Timeliness:** Veterans expressed frustration regarding timely referrals for community care appointments.
- **Billing:** Some Veterans discussed issues with billing and would like for community care authorization letters to include information about what care and services are being covered and a phone number to call for billing issues.

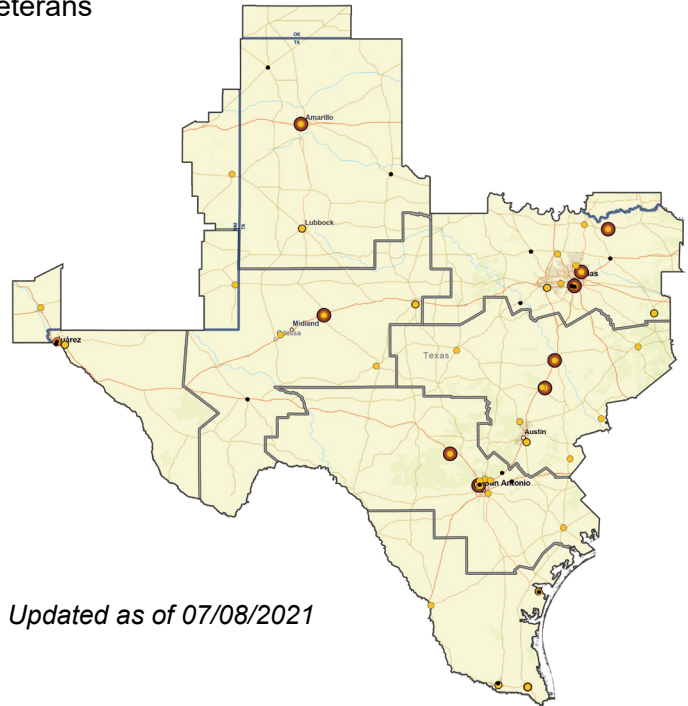
"Community care, sometimes that is difficult, we're waiting on an appointment for a doctor right now and community care has not called us."

VISN 17: Listening Session Feedback

VISN 17 consists of nine VA medical centers (VAMCs) and two health care centers (HCC) across eight markets serving Veterans throughout Texas.

VA Medical Centers by Market:

- **Central Market**
 - » Temple VAMC
 - » Waco VAMC
- **North Texas Market**
 - » Dallas VAMC
 - » Bonham VAMC
 - » Garland VAMC
- **Northwest Texas Market**
 - » Amarillo VAMC
- **West Texas Market**
 - » Big Spring VAMC
- **Southern Market**
 - » Kerrville VAMC
 - » San Antonio VAMC
- **Southwest Texas Market**
 - » El Paso HCC
- **Valley Costal Bend Market**
 - » Harlingen HCC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

750,194

Enrollees (FY29):

842,587

* Uniques (FY19):

400,845

CBOCs:

59

Women Veteran Enrollees (FY19):

11.8%

Veteran Enrollees 65 and older (FY19):

38.1%

Rurality:

24.8%

Enrollees within 30 min of VA Primary Care (FY18):

79.5%

Enrollees within 60 min of VA Secondary Care (FY18):

75.6%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants



136

Chat Comments



33

Comments



50

“One thing that would make it easier for us to access care is family style bathrooms. ... He needs full care in the restroom, and I found like one bathroom that is like a single,, occupancy that I can go in and help him in.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

- A few Veterans discussed the need for improvements to the patient-provider relationship. Specific improvements Veterans suggested were related to trust, provider consistency, and timely and clear communication.
- Some Veterans expressed frustration when trying to communicate with VA and suggested that VA should have a local phone number for Veterans.
- Some Veterans would like to see VA improve customer service by further training VA employees.

"I am personally seen at the women's clinic. I am satisfied with my care, but one thing I hear a lot from Veterans is that the providers are not listening to them when they go in. They go in for one thing and then something else that is wrong with them and they don't address it right away. They have to bring it up several times before it is addressed."

Access to Care

- **Appointments:** Some Veterans often experience delays getting appointments and expressed concerns regarding access to specialty care services in rural communities.
- **Expanded Services:** A few Veterans would like to see VA expand access to services including establishing evening and weekend clinics.

Veteran Experience

- **Inclusivity:** Several Veterans discussed that VA should create an environment more inclusive for women Veterans, transgender Veterans, and the LGBTQ community. Some caregivers discussed the need for a more family-friendly environment including family bathrooms with changing tables.
- **Facility Design:** Some Veterans discussed challenges navigating VA facilities and suggested additional signage and colored paths to help Veterans get to their appointments.

Barriers to Care

- **Transportation:** Several Veterans expressed difficulty with parking at VA facilities and suggested adding valet services.

Community Care

- **Referrals and Timeliness:** Some Veterans discussed that the process to schedule appointment for community care was long.
- **Billing:** Some Veterans discussed challenges related to billing and stated that community providers are not aware VA's billing process.

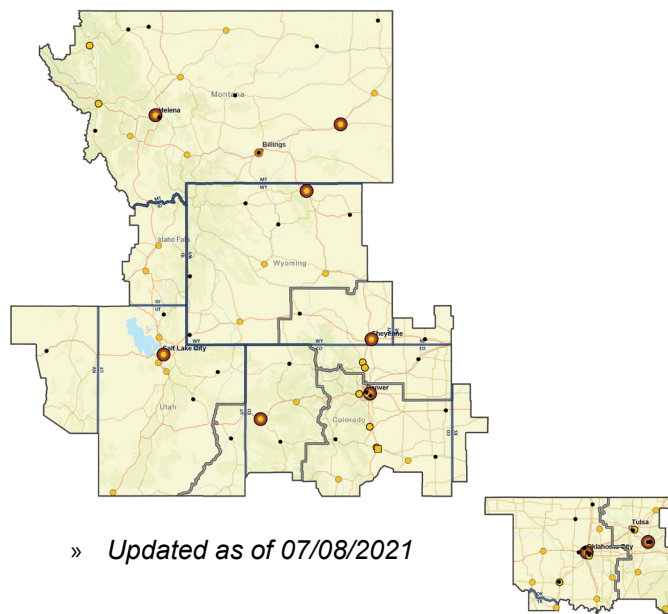
"I am satisfied with my ability to get care through VA's Community Care Network. I have been able to get care in the past. The issue is that I feel that I have to jump through hoops and talk with person after person to get a referral to CCN."

VISN 19: Listening Session Feedback

VISN 19 consists of six VA medical centers (VAMCs) across six markets serving Veterans in 10 states including Utah, Montana, Wyoming, Colorado, Oklahoma, Idaho, Kansas, Nebraska, Nevada, and North Dakota.

VA Medical Centers by Market:

- **Grand Junction Market**
 - » Grand Junction VAMC
- **Denver Market**
 - » Aurora VAMC
- **Salt Lake City Market**
 - » Salt Lake City VAMC
- **Sheridan Market**
 - » Sheridan VAMC
- **Cheyenne Market**
 - » Cheyenne VAMC
- **Oklahoma City Market**
 - » Oklahoma City VAMC
- **Eastern Oklahoma Market**
 - » Muskogee VAMC
- **Montana Market**
 - » Fort Harrison



VISN Fast Facts:

Enrollees (FY19):

447,756

Enrollees (FY29):

473,198

* Uniques (FY19):

299,701

CBOCs:

89

Women Veteran Enrollees (FY19):

9.3%

Veteran Enrollees 65 and older (FY19):

44.7%

Rurality:

32.9%

Enrollees within 30 min of VA Primary Care (FY18):

73.6%

Enrollees within 60 min of VA Secondary Care (FY18):

55.2%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total Participants		242
Chat Comments		165
Comments		105

"I'm very happy with the service I get from the VA. I try to stay inside the VA system anytime I possibly can."

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

Some Veterans expressed that communication between VA and community providers, as well as between VA and Veterans, could be improved to include information about community care and about changes to forms.

- **Eligibility:** A few Veterans would like VA to help increase awareness regarding the services and benefits available to them both at VA and in the community.

Access to Care

- **Appointments:** Some Veterans stated that appointment cards often arrive after the appointment occurs and should be sent earlier to ensure Veterans receive them prior to appointments.
- **Expanded Services:** Some Veterans would like VA to expand dental services, the whole health program, and services for homeless Veterans. Some Veterans would like to access services closer to home and VA to expand community-based outpatient clinics to improve accessibility of services.
- **Telehealth:** A few Veterans stated they would like VA to integrate telehealth into their health care model.
- **Mental Health:** Some Veterans expressed that VA should increase mental health capacity and leverage peer support programs to support Veterans experiencing mental health challenges.

Veteran Experience

- **Patient Advocate:** Some Veterans expressed that they would like VA to establish a resource department to help Veterans navigate the VA health care system and other VA benefits. A few Veterans noted that the patient advocates should be separate from the medical center to ensure accountability and transparency.
- **Personalized care:** A few Veterans expressed concerns that medical symptoms they share with their providers were not fully documented in medical records.

"I think patient advocates, to be a good advocate, they need to have some control. It seems like all they do is answer the phone and say we'll pass the message on. They don't seem to advocate for us."

Care Coordination

Some Veterans noted they would like VA to improve care coordination between VA providers and community care and have a better partnership with TRICARE to serve Veterans who also access health care through TRICARE.

Community Care

A few Veterans stated that Veterans who are eligible for community care and prefer community care would like to be proactively provided with that option. In addition, some Veterans stated community care is often confusing, and they do not understand what they qualify for and how to access the network.

- **Care Coordination:** A few Veterans expressed that they would like VA to improve information sharing with community care providers including sharing medical records.
- **Referrals and Timeliness:** Some Veterans face challenges accessing community care including delays in receiving referrals and delays scheduling appointments.
- **Billing:** A few Veterans described issues with community care billing including being asked for their insurance information.

"The only real issue [with community care] I had was when I got a bill asking for my insurance but yet once I contacted the folks there, they were great on working with it. I know I found the networks online instead trying to call. I think that has helped out greatly, using the internet to help find a community care provider close to where we are at, at the time."

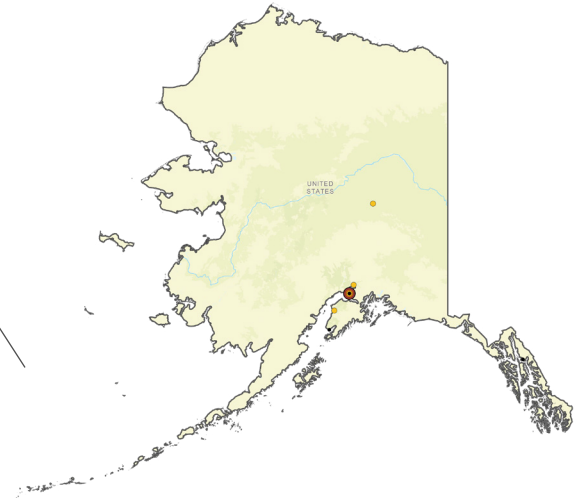
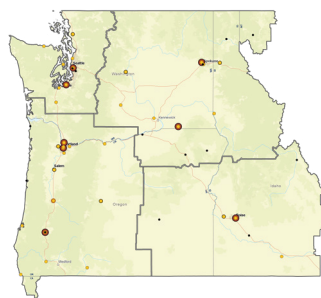
VISN 20: Listening Session Feedback

VISN 20 consists of 10 VA medical centers (VAMCs) across five markets serving Veterans throughout Alaska, Washington, Oregon, and Idaho.

VA Medical Centers by Market:

- **Alaska Market**
 - » Anchorage VAMC
- **South Cascades Market**
 - » Portland VAMC
 - » White City VAMC
 - » Portland-Vancouver VAMC
 - » Roseburg VAMC
- **Inland South Idaho Market**
 - » Boise VAMC
- **Western Washington Market**
 - » Seattle VAMC
 - » American Lake VAMC

- **Inland North Market**
 - » Spokane VAMC
 - » Walla Walla VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

452,107

Enrollees (FY29):

466,340

* Uniques (FY19):

302,176

CBOCs:

44

Women Veteran Enrollees (FY19):

9.4%

Veteran Enrollees 65 and older (FY19):

45.6%

Rurality:

33.6%

Enrollees within 30 min of VA Primary Care (FY18):

69.8%

Enrollees within 60 min of VA Secondary Care (FY18):

66.5%

» *Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.*

Total
Participants



222

Chat Comments



93

Comments



88

“Most challenges with getting care in the community come from getting through the red tape at VA to get the care authorized.”

» *During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.*

Listening Session Themes

Communication

Several Veterans expressed frustration with the timeliness and lack of communication when referred to community care. A few Veterans recommended adding the ability to check MyHealtheVet to see their referral status rather than having to place multiple phone calls to receive an update. Some Veterans also expressed frustration regarding the multiple numbers for local VA facilities.

Access to Care

- **Expanded Services:** A few Veterans expressed that they would like VA to expand functional medicine and the whole health program. Some Veterans expressed concerns with emergency services and would like VA to expand access to urgent care services.
- **Rurality:** Some Veterans highlighted that rural Veterans face difficulty accessing care and recommended that VA improve care coordination and develop relationships with existing rural providers. A few Veterans stated that in rural areas they want to be able to access care closer to home and have more timely referrals to more convenient points of care.

"Many times, I have tried to access the Community Care Network, only to discover after going through all the wait, the referral, and getting called to get appointed, that the [providers] that are near me."

Veteran Experience

- **Clinical Staffing:** Overall, Veterans expressed that the quality of providers is good; however, some Veterans expressed concerns regarding the lack of consistency among providers and provider turnover negatively impacts their experience.
- **Mental Health:** Some Veterans discussed challenges with VA mental health services and suggested that VA could increase access to mental health services including the number of VA providers, expanding community partnerships, and creating military and Veteran cultural competency training.

Barriers to Care

- **Transportation:** A few Veterans expressed concerns regarding transportation and parking being a challenge at VA facilities especially in the wintertime.

Care Coordination

Some Veterans recommended better coordination between VA and Medicare, along with improving Veterans' understanding of the differences between the two programs.

Community Care

- **Referrals and Timeliness:** Some Veterans expressed challenges utilizing the community care program regarding the referral process including providers not being in the network, not providing needed services, and not receiving timely referrals. A few Veterans recommended that VA take steps to reduce long wait times for appointments and improve the approval process for authorizations.
- **Billing:** Some Veterans expressed concerns regarding billing issues for community care including providers not being paid timely, resulting in them leaving the Community Care Network.

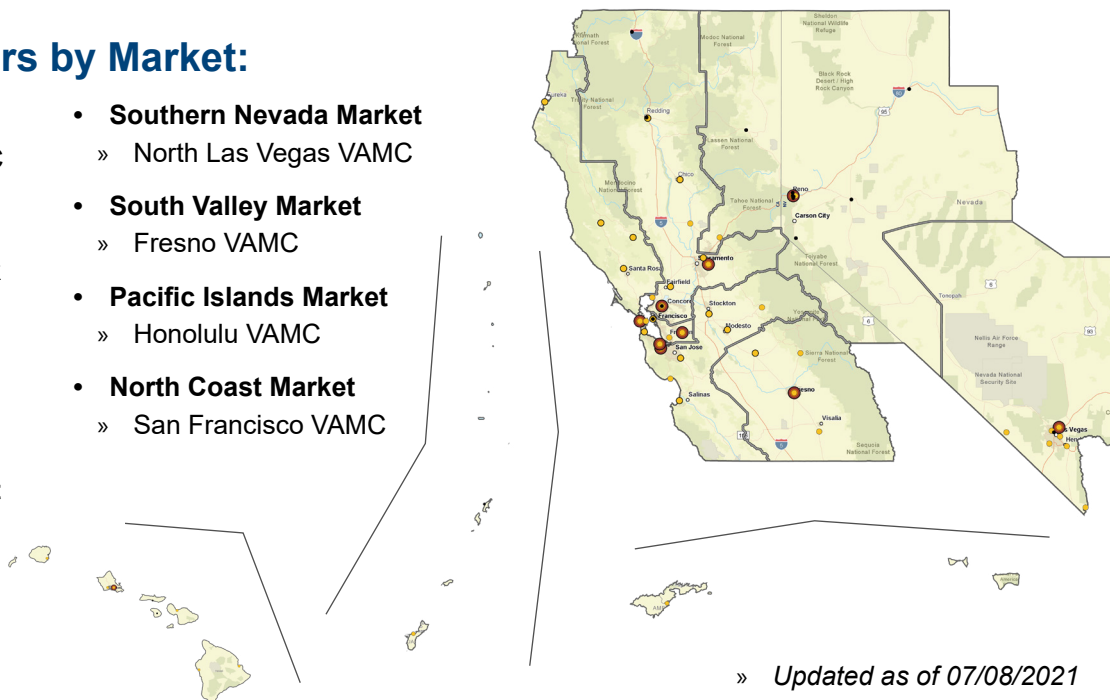
"Something that I would actually recommend when it comes to, ... referrals to care in community is, I call a lot and ... you have to be your own self advocate and I know it takes a lot of time to answer all these calls, but it would be really great if we would be able to go to MyHealtheVet... and be able to see the status of our referrals."

VISN 21: Listening Session Feedback

VISN 21 consists of 10 VA medical centers (VAMCs) within seven markets serving Veterans in northern and central California, Nevada, Hawaii, the Philippines, and U.S. Territories in the Pacific Basin.

VA Medical Centers by Market:

- **South Coast Market**
 - » Palo Alto Park VAMC
 - » Palo Alto Livermore VAMC
 - » Palo Alto Menlo Park VAMC
- **North Valley Market**
 - » Sacramento VAMC
 - » Martinez VAMC
- **Sierra Nevada Market**
 - » Reno VAMC
- **Southern Nevada Market**
 - » North Las Vegas VAMC
- **South Valley Market**
 - » Fresno VAMC
- **Pacific Islands Market**
 - » Honolulu VAMC
- **North Coast Market**
 - » San Francisco VAMC



VISN Fast Facts:

Enrollees (FY19):

459,459

Enrollees (FY29):

435,153

* Uniques (FY19):

298,115

CBOCs:

60

Women Veteran Enrollees (FY19):

8.6%

Veteran Enrollees 65 and older (FY19):

49.0%

Rurality:

19.7%

Enrollees within 30 min of VA Primary Care (FY18):

88.7%

Enrollees within 60 min of VA Secondary Care (FY18):

78.2%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total Participants	122
Chat Comments	101
Comments	30

"I think the [biggest] challenges we have is getting appointments at the specialty clinics... we have to drive about two hours to get to the... specialty clinics."

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

A few Veterans expressed that they are satisfied with their ability to communicate with providers and refill prescriptions through MyHealtheVet.

- **Eligibility:** Some Veterans expressed that VA could improve outreach to Veterans as they transition from active duty to ensure they are aware of VA's services and to improve services available to Veterans.

"What is really important is the web service that you put in place for us, MyHealtheVet. We can communicate very quickly, and they are really responsive. So, quality of care is superb there."

Access to Care

Overall, most Veterans are satisfied with the care they receive at VA and believe it is comparable with the private sector. Some Veterans discussed facing challenges accessing specialty care clinics and getting same day appointments.

- **Expanded Care:** Some Veterans would like VA to expand inpatient mental health locations, expand availability of women's clinics, and expand the whole health program to include fitness classes.
- **Telehealth:** A few Veterans expressed support for telehealth and its ability to provide a flexible and convenient option for accessing VA services.

Barriers to Care

- **Transportation:** Some Veterans also identified limited transportation services as a barrier to receiving care through the VA health care system.

Community Care

A few Veterans expressed concerns regarding transparency related to complaints about community care providers and VA's ability to monitor issues that arise.

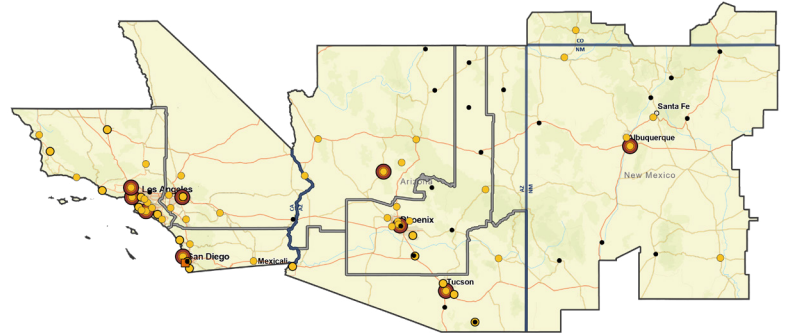
- **Care Coordination:** Some Veterans shared concerns about their community care experiences, including the challenges with access to medical records and lack of case management. A few Veterans would like increased communication between VA providers and community providers. Some Veterans accessing community care do not receive a warm transfer to community care and feel their care is often fragmented.
- **Referrals and Timeliness:** Some Veterans want more access to community care but believe the referral process should be streamlined to improve timely access to services. Veterans expressed concerns regarding long wait times to receive community care and inconsistency in quality they receive in the community.
- **Billing:** A few Veterans suggested that community providers do not understand VA's processes and do not receive timely payments, resulting in out-of-pocket expenses for Veterans.

VISN 22: Listening Session Feedback

VISN 22 consists of nine VA medical centers (VAMCs) within seven markets serving Veterans in southern California, New Mexico, and Arizona.

VA Medical Centers by Market:

- **Loma Linda Market**
 - » Loma Linda VAMC
- **San Diego Market**
 - » San Diego VAMC
- **Greater Los Angeles Market**
 - » Long Beach VAMC
 - » West Los Angeles VAMC
 - » Sepulveda VAMC
- **Albuquerque Market**
 - » Albuquerque VAMC
- **Tucson Market**
 - » Tucson VAMC
- **Phoenix Market**
 - » Phoenix VAMC
- **Prescott Market**
 - » Prescott VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

737,056

Enrollees (FY29):

722,037

* Uniques (FY19):

465,954

CBOCs:

76

Women Veteran Enrollees (FY19):

8.9%

Veteran Enrollees 65 and older (FY19):

44.8%

Rurality:

16.2%

Enrollees within 30 min of VA Primary Care (FY18):

90.6%

Enrollees within 60 min of VA Secondary Care (FY18):

81.8%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total
Participants



195

Chat Comments



147

Comments



68

“I really appreciate being able to go to urgent care centers around the neighborhood here. I think that is a great offering not having to go to the emergency room on a Sunday for something that is not qualified for an ER visit.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

Some Veterans expressed frustration regarding VA's communication related to cancelled appointments and would like VA to improve the ability to communicate with providers.

- **Eligibility:** A few Veterans shared that navigating the VA health care system can be difficult, and additional resources could be provided to ensure Veterans understand the services available.

"I got care [through] the community care network. It was a mixed experience. Gaining into the system and navigating into the system was difficult. It felt very bureaucratic, very opaque, and a little bit cumbersome at first."

Access to Care

- **Expanded Services:** Some Veterans would like VA to expand access to mental health services including couples and family therapy and peer support programs. A few Veterans would like increased access to the whole health program and alternative medicine and would like VA to integrate whole health into its primary care model.
- **Telehealth:** Some Veterans would like VA to continue with telehealth services and view it as complementary to in-person visits.

Veteran Experience

- **Staffing:** A few Veterans expressed concerns regarding the ratio of primary care providers to Veterans and suggested that VA re-evaluate primary care panel sizes to ensure timely access to care. Some Veterans feel that VA should streamline the hiring process to ensure all departments and clinics are fully staffed and that the provider to patient ratio meets Veterans' needs.
- **Facility Design:** Some Veterans would like VA facilities to be easier to navigate, potentially adding color coding paths to get from one area to the next.
- **Women's Health:** Some Veterans expressed concerns regarding privacy for women Veterans and would like VA to expand services for women Veterans.

Care Coordination:

A few Veterans would like VA to improve care coordination and increase collaboration with caregivers.

Community Care

Some Veterans are overall satisfied with the quality of community care, while a few Veterans discussed issues with community providers no longer being in the network or accepting VA patients.

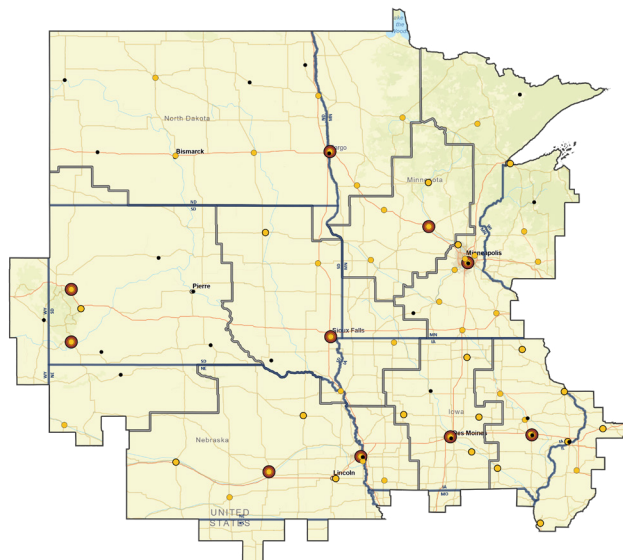
- **Referrals and Timeliness:** Some Veterans face delays in scheduling community care appointments and would like the referral process to be streamlined to reduce delays.
- **Billing:** Some Veterans expressed concerns regarding timeliness of payment to community providers.

VISN 23: Listening Session Feedback

VISN 23 consists of nine VA medical centers (VAMCs) within seven markets serving Veterans in Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and portions of Illinois, Kansas, Missouri, Wisconsin, and Wyoming.

VA Medical Centers by Market:

- **Minnesota Central Market**
 - » St. Cloud VAMC
- **Nebraska Market**
 - » Omaha VAMC
 - » Grand Island VAMC
- **South Dakota East Market**
 - » Sioux Falls VAMC
- **Minnesota East Market**
 - » Minneapolis VAMC
- **North Dakota Market**
 - » Fargo VAMC
- **South Dakota West Market**
 - » Fort Meade VAMC
 - » Hot Springs VAMC
- **Iowa Central Market**
 - » Des Moines VAMC
- **Iowa East Market**
 - » Iowa City VAMC



» Updated as of 07/08/2021

VISN Fast Facts:

Enrollees (FY19):

419,922

Enrollees (FY29):

391,607

* Uniques (FY19):

313,492

CBOCs:

75

Women Veteran Enrollees (FY19):

6.6%

Veteran Enrollees 65 and older (FY19):

56.0%

Rurality:

43.3%

Enrollees within 30 min of VA Primary Care (FY18):

63.3%

Enrollees within 60 min of VA Secondary Care (FY18):

79.1%

» Uniques: A Veteran patient counted as a unique in each division from which they receive care. For example, if a patient receives primary care at one VA facility and specialty care from another VA facility, he/she will be counted as a unique patient in each division.

Total Participants **153**

Chat Comments **80**

Comments **77**

“The doctor gave me a phone number to schedule an appointment for the COVID vaccine to call and make an appointment...when I called that number up, I tell you what, I had an appointment and within three days later I had my first COVID shot. The second shot I got approved for three weeks later, and we had a cold spell, and my car battery was dead. VA sent a cab over to pick me up and then I got my shot. Then when I got ready to leave the VA called a cab to take me home, and the cab never showed up. One of the Omaha employees sat there and waited to make sure I had a ride home. The cab never came so the person who works at the VA gave me a ride home. That’s what I call going above and beyond the call.”

» During the listening sessions, stakeholders provided feedback either verbally captured as comments; and written feedback captured as chats throughout the listening session.

Listening Session Themes

Communication

A few Veterans discussed challenges with communication and suggested VA could better leverage technology to improve communication with providers and ensure timely response from providers. Some Veterans would like VA to do more community outreach and employee outreach to ensure awareness of benefits available to Veterans.

"When I get to [see] the doctor, [there] seems to [be] a problem communicating ... what is wrong with me. They just seem to want to take a quick look and it usually ends right there and I'm not a participant."

Access to Care

Overall, Veterans are very satisfied with VA services and would like services to be further expanded at local community-based outpatient clinics. Some Veterans expressed that VA provides health care services Veterans need; however, VA does not always have the capacity to meet Veteran demand.

- **Expanded Services:** Some Veterans suggested that VA could expand weekend and evening clinics increasing access to services for working Veterans.
- **Telehealth:** A few Veterans expressed that VA should expand telehealth services in rural communities.

Veteran Experience

- **Mental Health:** Some Veterans discussed challenges with VA's mental health services and suggested that VA could increase the number of military sexual trauma (MST) coordinators, improve access to mental health services, and strive to retain quality providers in rural communities.
- **Clinical Staffing:** Some Veterans discussed the need for VA to strengthen recruitment and retention efforts to ensure VA facilities are fully and consistently staffed.
- **Inclusivity:** A few Veterans stated that VA could create a more inclusive environment for women Veterans including separate entrances to women's clinics and expanding women's health services.

Barriers to Care

- **Transportation:** Some Veterans expressed issues with transportation and would like VA to improve access to care by increasing the availability of transportation services to Veterans.

Community Care

Some Veterans noted that community care should be proactively offered to Veterans who live far from VA facilities or face delays in accessing services at VA.

- **Referrals and Timeliness:** Some Veterans expressed concerns regarding the timeliness of the scheduling of community care appointments and authorizations.
- **Billing:** A few Veterans expressed that they face delays accessing services through community care, and continue to receive bills for services accessed through community care. Some Veterans suggested that VA could provide training to community providers regarding billing to ensure Veterans do not receive bills and improve coordination between VA and community providers.



Appendix B: Local Veteran Listening Sessions Schedule

Veterans Integrated Service Network (VISN)	VAMC Sites	Date	Number of Attendees
VISN 1: VA New England Healthcare System	Togus VAMC White River Junction VAMC Manchester VAMC	Tuesday, March 23, 2021	62
	Bedford VAMC Jamaica Plain VAMC West Roxbury VAMC Brockton VAMC	Monday, March 22, 2021	61
	Providence VAMC Central Western Massachusetts VAMC New Haven VAMC	Wednesday, March 24, 2021	76
VISN 2: New York/ New Jersey VA Health Care System	East Orange VAMC Lyons VAMC Brooklyn VAMC Manhattan VAMC St. Albans VAMC Bronx VAMC Northport VAMC	Monday, March 29, 2021	82
	Montrose VAMC Castle Point VAMC Albany VAMC	Wednesday, March 31, 2021	52
	Buffalo VAMC Batavia VAMC Canandaigua VAMC Bath VAMC Syracuse VAMC	Friday, April 2, 2021	69
VISN 4: VA Healthcare (Delaware, Pennsylvania)	Butler VAMC Pittsburgh VAMC Heinz VAMC Altoona VAMC Erie VAMC	Wednesday, March 10, 2021	106
	Lebanon VAMC Wilkes-Barre VAMC Coatesville VAMC Wilmington VAMC Philadelphia VAMC	Friday March 19, 2021	118
VISN 5: VA Capitol Health Care Network	Washington VAMC Baltimore VAMC Perry Point VAMC Loch Raven VAMC	Monday, March 15, 2021	73
	Martinsburg VAMC Clarksburg VAMC Beckley VAMC Huntington VAMC	Friday, March 19, 2021	38



VISN 6: Mid-Atlantic Health Care Network	Durham VAMC Fayetteville VAMC Asheville VAMC Salisbury VAMC	Wednesday, March 10, 2021	166
	Richmond VAMC Hampton VAMC Salem VAMC	Friday, March 19, 2021	98
VISN 7: VA Southeast Network	Atlanta VAMC Fort McPherson VAMC Carrollton VAMC	Wednesday, May 26, 2021	30
	Dublin VAMC Augusta Uptown VAMC Augusta Downtown VAMC	Tuesday, May 25, 2021	35
	Columbia VAMC Charleston VAMC	Friday, May 28, 2021	29
	Birmingham VAMC Tuscaloosa VAMC Montgomery VAMC Tuskegee VAMC	Thursday, June 3, 2021	24
VISN 8: VA Sunshine Healthcare Network	Miami VAMC San Juan VAMC West Palm Beach VAMC	Monday, June 7, 2021	57
	Bay Pines VAMC Tampa VAMC	Tuesday, June 8, 2021	70
	Lake Baldwin VAMC Orlando VAMC Gainesville VAMC Lake City VAMC	Thursday, June 10, 2021	73
VISN 9: VA MidSouth Healthcare Network	Memphis VAMC Nashville VAMC Murfreesboro VAMC Mountain Home VAMC	Monday, May 10, 2021	62
	Lexington-Leestown Lexington-Cooper VAMC Louisville VAMC	Tuesday, May 11, 2021	28
VISN 10: VA Healthcare System (Indiana, Lower Michigan, Ohio)	Chillicothe VAMC Cincinnati VAMC Dayton VAMC Columbus HCC	Monday, April 12, 2021	85
	Cleveland VAMC	Tuesday, April 13, 2021	43
	Indianapolis VAMC Marion VAMC Ft. Wayne VAMC	Thursday, April 15, 2021	82
	Saginaw VAMC Detroit VAMC Ann Arbor VAMC Battle Creek VAMC	Friday, April 16, 2021	62
VISN 12: VA Great Lakes Health Care System	Tomah VAMC Iron Mountain VAMC Milwaukee VAMC	Monday, April 19, 2021	80



	Madison VAMC		
	North Chicago VAMC Chicago-Hines VAMC Chicago- Jesse Brown VAMC Danville VAMC	Tuesday, April 20, 2021	69
	Wichita VAMC Topeka VAMC Leavenworth VAMC Kansas VAMC	Monday, April 5, 2021	38
	St. Louis-John Cochran VAMC St. Louis- Jefferson Barracks VAMC Columbia VAMC Marion- IL VAMC Popular Bluff VAMC	Thursday, April 8, 2021	45
VISN 15: VA Heartland Network	Houston VAMC	Tuesday, April 27, 2021	48
	Shreveport VAMC Fayetteville- AR VAMC Little Rock VAMC North Little Rock VAMC	Monday, April 26, 2021	126
	Alexandria VAMC New Orleans VAMC Jackson VAMC Biloxi VAMC	Friday, April 30, 2021	52
	El Paso HCC Big Spring VAMC Amarillo VAMC Harlingen HCC Kerrville VAMC San Antonio VAMC	Friday, April 23, 2021	89
VISN 17: VA Heart of Texas Health Care Network	Temple VAMC Waco VAMC Dallas VAMC Bonham VAMC	Friday, April 23, 2021	47
	Sheridan VAMC Cheyenne VAMC Fort Harrison VAMC	Thursday, May 6, 2021	74
	Grand Junction VAMC Aurora VAMC	Tuesday, May 11, 2021	74
	Salt Lake City VAMC Oklahoma City VAMC Muskogee VAMC	Wednesday, May 12, 2021 Monday, May 10, 2021	43 51
VISN 19: Rocky Mountain Network	Anchorage VAMC	Monday, April 26, 2021	37
	Seattle VAMC American Lake VAMC Spokane VAMC Walla Walla VAMC Boise VAMC	Friday, May 7, 2021	110
	Portland VAMC Vancouver VAMC Roseburg VAMC	Tuesday, May 4, 2021	82



	White City VAMC		
VISN 21: Sierra Pacific Network	North Las Vegas VAMC Fresno VAMC	Monday, May 17, 2021	34
	Sacramento VAMC Martinez VAMC Reno VAMC	Thursday, May 20, 2021	25
	San Francisco VAMC Honolulu VAMC	Friday, May 21, 2021	20
	Palo Alto Park VAMC Palo Alto Livermore VAMC Palo Alto Menlo Park VAMC	Wednesday, May 26, 2021	34
VISN 22: Desert Pacific Healthcare Network	Prescott VAMC Phoenix VAMC Tucson VAMC Albuquerque VAMC	Tuesday, June 1, 2021	90
	San Diego VAMC Loma Linda	Tuesday June 1, 2021	38
	Long Beach VAMC West Los Angeles VAMC Sepulveda VAMC	Thursday, June 3, 2021	67
VISN 23: VA Midwest Health Care Network	Grand Island VAMC Omaha VAMC Des Moines VAMC Iowa City VAMC	Wednesday, March 31, 2021	83
	Minneapolis VAMC St. Cloud VAMC	Thursday, April 8, 2021	41
	Hot Springs VAMC Fort Meade VAMC Sioux Falls VAMC Fargo VAMC	Tuesday, April 6, 2021	49

Appendix C: Questions

Poll Questions

1. Does VA provide the types of health care services Veterans need?
2. Are you satisfied with the quality of health care services and providers at VA?
3. Are you satisfied with the quality of health care services and providers through VA's Community Care Network?
4. Are you satisfied with your ability to get care from VA?
5. Are you satisfied with your ability to get care through VA's Community Care Network?
6. Are you satisfied with the condition of VA's facilities?
7. Do you feel VA has a broader role in the community aside from providing health care?

Discussion Questions

1. How can VA change its services to better fit Veterans' needs?
2. What has been your experience with the quality of care provided by VA or through VA's Community Care Network?
3. What challenges do you encounter most often when getting care at VA facilities?
4. What challenges do you encounter most often when getting care through VA's Community Care Network?
5. What improvements would like to see at your local facility?
6. What do you think VA's role in the community should be?

Appendix D: Veteran Listening Session Slides

Welcome

Thank you for joining today's listening session!

We will begin at [add time].

We look forward to hearing from you.



1

MAHSO
MARKET AREA HEALTH SYSTEMS OPTIMIZATION

Listening Session on the Future of VA Health Care

[insert date here]



2

Introductions



3

Why Are We Here Today?

- VA maintains the largest integrated health care system in the country. The system has served Veterans for many decades by providing high quality health care to its enrollees, training most practicing physicians in the country, spurring innovation and medical discoveries, and serving as the backstop for the U.S. health care system.
- VA is hosting listening sessions with local Veterans, VSO representatives, and other key stakeholders across the country to gather feedback on the future of VA health care delivery in their market.
- These listening sessions represent an opportunity for Veterans to help VA reimagine how VA delivers care in an equitable, high quality, Veteran-centered manner and develop a plan for investing in VA's aging infrastructure.



4

Purpose

Background

The MISSION Act of 2018 requires VA to conduct market assessments across the country.

Objective

Create a health care network that provides the highest quality health care to Veterans, using the best of care delivered by VA, federal partners, academic affiliates, and other private sector providers.

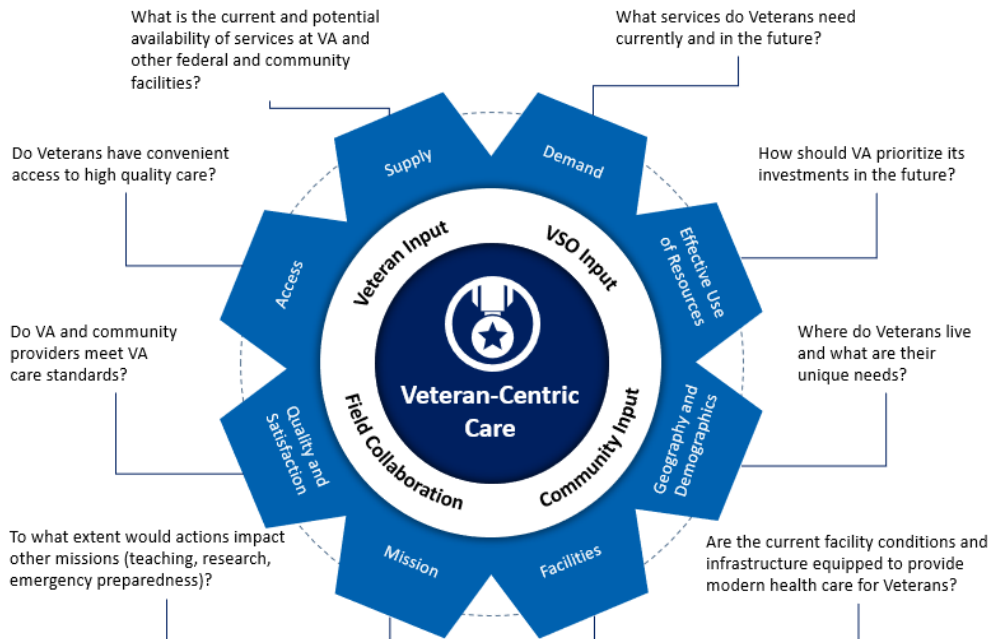
Methodology

VA, alongside local VA health care market leaders, is assessing VA capabilities, community resources, and local demographics to identify opportunities to improve the quality and performance of VA's health care network.



5

Veteran-Centric Approach to Market Assessments



6

Market Assessment Review Process

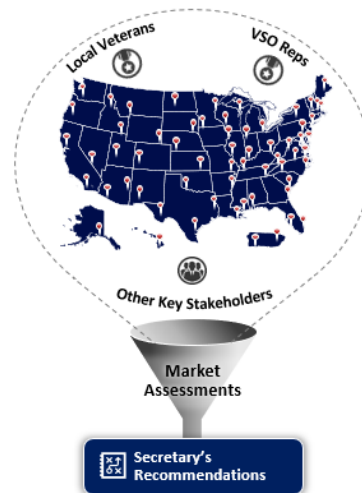


How Will Your Feedback be Used?



In today's meeting, we will be seeking your thoughts on the future of VA health care delivery from a local perspective.

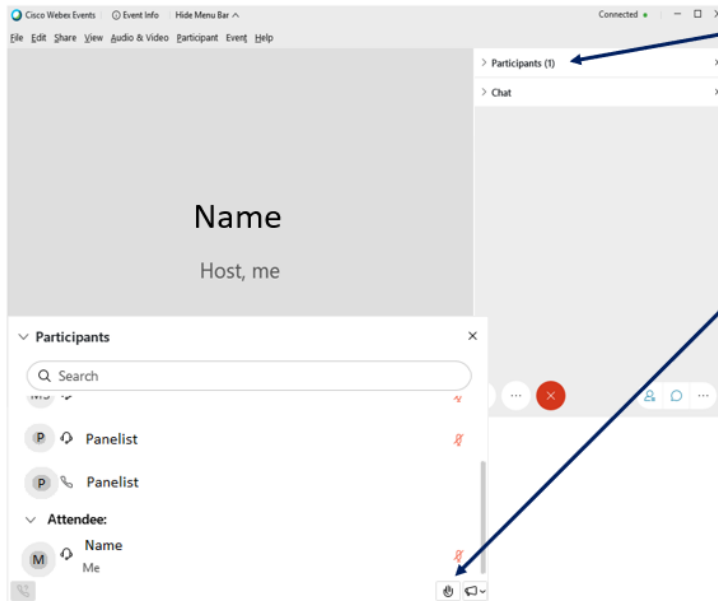
Your feedback will be considered for incorporation in the Secretary's recommendations to create high-performing networks of care.



Listening Session Procedures

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Listening Session Procedures

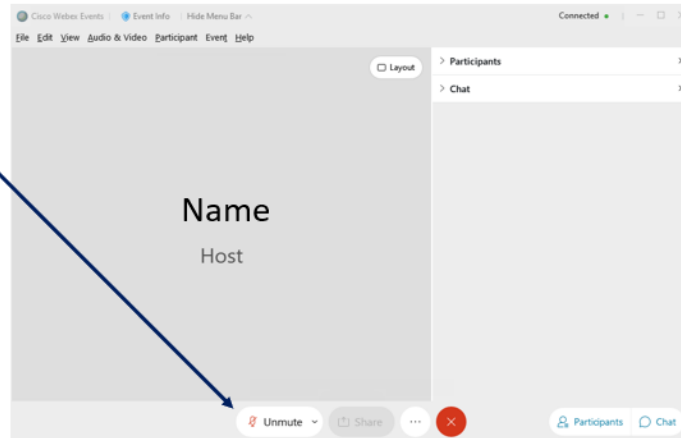


Raise Hand: If you'd like to answer a question or contribute to a discussion, please click in the "Participants" box on the right side of your screen. Within the box, you will see the "Raise Hand" button on the bottom right. Once you press the button, the VA moderator will call on you to speak. Please make sure you are not muted when you are speaking.

Any feedback can also be provided to VHAMAQs@va.gov

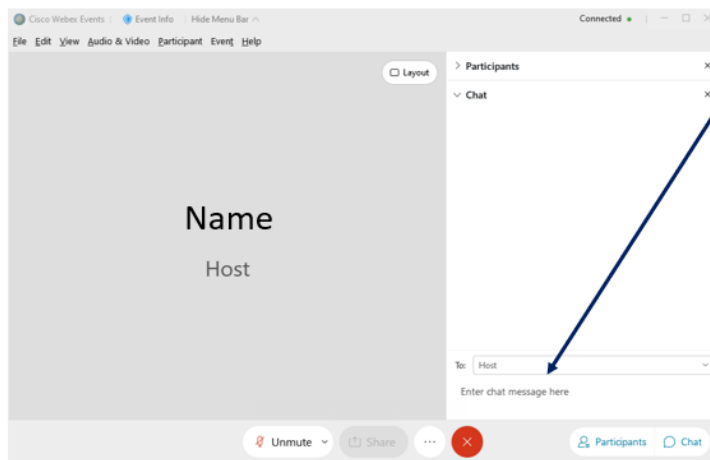
Listening Session Procedures

Mute: If you are not speaking, please make sure your microphone is muted (it will be red). When you'd like to speak, click the microphone button at the bottom of your screen to unmute yourself before you begin speaking.



Any feedback can also be provided to VHAMAQs@va.gov

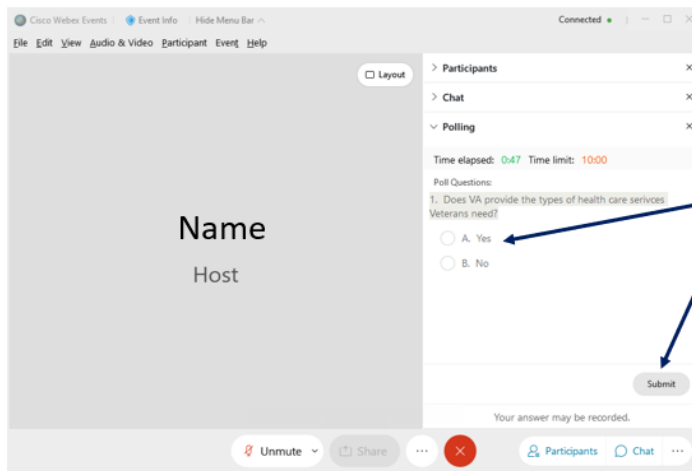
Listening Session Procedures



Chat Box: You can also contribute to the discussion by typing your thoughts and feedback into the chat box feature in the bottom right-hand corner of your Webex meeting window. VA staff will be monitoring the chat box for feedback.

Any feedback can also be provided to VHAMAQs@va.gov

Listening Session Procedures



Poll: The moderator will ask poll questions to participants. You can answer a poll question by clicking your response in the chat box and then hitting the Submit button.

Any feedback can also be provided to VHAMAQs@va.gov

Listening Session Questions

Questions

Reminder: When answering a question, please identify the facility at which you receive care.

- 1 Does VA provide the types of health care services Veterans need? *Please answer via poll.*

For Discussion: How can VA change its services to better fit Veterans' needs?

- 2a Are you satisfied with the quality of health care services and providers at VA?
Please answer via poll.

- 2b Are you satisfied with the quality of health care services and providers through VA's
Community Care Network? *Please answer via poll.*

For Discussion: What has been your experience with the quality of care provided by
VA or through VA's Community Care Network?

- 3 Are you satisfied with your ability to get care from VA? *Please answer via poll.*

For Discussion: What challenges do you encounter most often getting care at VA
facilities?

Any feedback can also be provided to VHAMAQs@va.gov

U.S. Department
of Veterans Affairs

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Questions

Reminder: When answering a question, please identify the facility at which you receive care.

- 4 Are you satisfied with your ability to get care through VA's Community Care Network?
Please answer via poll.

For Discussion: What challenges do you encounter most often when getting care
through VA's Community Care Network?

- 5 Are you satisfied with the condition of VA's facilities? *Please answer via poll.*

For Discussion: What improvements would you like to see at your local facility?

- 6 Do you feel VA has a broader role in the community aside from providing health care?
Please answer via poll.

For Discussion: What do you think VA's role in the community should be?

Any feedback can also be provided to VHAMAQs@va.gov

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Next Steps

- Feedback from the listening sessions will be reviewed, analyzed, and considered in the development of recommendations. Feedback will be considered in the development of recommendations to create high-performing networks of care.
- **If you have follow-up comments, please submit them via email to:**
VHAMAQs@va.gov